

DEC 1 1941

Hospital Library



the MODERN HOSPITAL

VOLUME 57

DECEMBER 1941

NUMBER 6

A Success Story



Edward Weck
Founder

1941

THE WECK BUSINESS proves again the truth of the Emerson adage: "The successful business is but the lengthened shadow of one man."

Arriving in this country from the famous Solingen manufacturing district in the late 'eighties, Edward Weck, a lad in his late 'teens, began working for the American branch of a relative's business.

From that humble start to his untimely passing in 1922, Edward Weck persistently, and continuously, lengthened and broadened the Weck business, as his own experience broadened and enlarged. At first he was on the road as salesman; then he began to operate a retail establishment; later developing a wholesale and importing business; and subsequently entering into the manufacturing field.

Starting with a one-man "Repair Department" in 1890, the business grew to its present size where it covers five modern floors, and in manufacture and repairing

calls for many modern machines and a personnel of 175.

Just as the Weck retail stores of those days were the first to offer the men of New York the then newly patented Gillette Razor; at another date Weck pioneered the way with his own replaceable blade razor known as the Sextoblade and popular with hospitals.

In 1926, Weck — carrying on the principles of its founder — were the first to offer hospital instruments finished with CRODON, the Chrome-plate of quality, which in short order generally replaced the previously universally accepted "nickel-plating."

And today Weck also offers American-made instruments of stainless steel as well.

Throughout these fifty years the Weck business has lived up to the creed set down by its founder prior to his passing:

"Success came to this business on its owner's realization that his customers had no use for sham or pretense; that it was not necessary to pretend selling a dollar's worth for fifteen cents; and that in this community there were men glad to patronize a place where they could feel sure of receiving at all times, an honest dollar's worth for a dollar. This conviction resulted in a settled, every-day, business principle."

Truly today's volume proves the truth of Emerson's adage as descriptive of the Weck business.

Founded 1890



Edward Weck & Co., Inc.

Manufacturers Surgical Instruments

SURGICAL INSTRUMENT REPAIRING • HOSPITAL SUPPLIES

135 Johnson Street

Brooklyn, N.Y.

CONTENTS

For December 1941

Just in Passing—

Cover Page—Christmas scene at Methodist Hospital, Brooklyn, N. Y.	
Looking Forward	41
Christmas, Family Style, Raymond P. Sloan	43
Is Fund Raising a Job for Professionals? Robert N. Brough and Agnes Florence	46
Return to Duty, Mary D. Burr	47
The Social Service Department—A Study of Salaries, Alden B. Mills	49
Records Exacted Painlessly, Doris Gleason, R.R.L.	51
Handling Contaminated Linen in the General Laundry, Ralph H. Heeren, M.D., L. A. Bradley and Eloise Taylor, R.N.	52
Binghamton City Hospital Adds New Unit, Jerome F. Peck and Walter H. Whitlock	54
The Administrator's Wife, R. D. Brisbane	57
Teaching the Public, Irmela M. Witke	58
Are Inclusive Rates of Value in Electrocardiography? Arthur J. Geiger, M.D., and Massimo Calabresi, M.D.	59
As the Patient Sees It, Samuel F. Worswick	61
For Temporary Use, Daniel M. Brown	62
"Passed by the Censor," S. R. Speller, LL.B.	63
Reading Is Sound Therapy, Harriet L. Rourke	64
System in the Storeroom, Harry C. Dunham	65
The Discharge Slip, J. H. Zenger	66
That Annual Report, Margaret H. Lyman	67
Small Hospital Forum—A Visit to Southeastern Michigan	69

Trustee Forum

Educating the Trustee—His Is the Final Responsibility, William Harding Jackson	74
Eighteenth Century Board Meetings	76

Plant Operation

Radio—Ambassador of Good Will, John M. Stacey	77
Plant Operation Questions	77
How Much Fuel Do Diesels Use? W. F. Schaphorst	79

Food Service

A Study in Organization, Hermina Zipple	80
Do Your Christmas Planning Now!	84
January Dinner Menus for the Small Hospital, Jessie Fischer	88

Housekeeping

Maybe It's the Uniform! Mary deGarmo Bryan	90
--	----

Hospital Pharmacy

Pharmacy Stores: Procurement, Robert A. Kumpf	96
Notes and Abstracts	98

Special Features

With the Roving Reporter	6	Coming Meetings	112
Hospital Barometer	8	Names in News	122
Index of Advertisers	10	Books on Review	126
Small Hospital Questions	38	Reader Opinion	128
Recipes by Request	86	Want Advertisements	131
Housekeeper's Corner	94	After Hours	143
News in Review	100	What's New for Hospitals	145

THE new three million dollar Wesley Memorial Hospital will be open to public inspection on December 1. Hospital people in and near Chicago will want to see for themselves all of the innovations incorporated in this carefully planned institution, the latest word in general hospitals. Readers of this magazine, whether they live in California or South Africa, will not have to wait long to take their own personally conducted tour of the new Wesley. In our January issue, a special portfolio will give facts, views and floor plans. Whether your hospital is large or small, you will find the new ideas in Wesley worth careful study.

WHAT place does a mere man have in the field of nursing? A description of the training and usefulness of men nurses is another special feature of the January number.

THE controversy about large *versus* small containers for ether goes on and on. Next month Dr. E. A. Rovenstine of New York University will present a sane and practical analysis of all of the factors in this hitherto confused situation.

READ AND PASS ALONG

	See page	Date
Administrator		
Purch. Agent		
Supt. of Nurses		
Surg. Supervisor		
Dietitian		
Housekeeper		
Pharmacist		
Engineer		
Laundry Manager		
Radiologist		
Pathologist		
Chief of Staff		
Return to		

The Modern Hospital

OTHO F. BALL, M.D., *President*

RAYMOND P. SLOAN, *Editor*; ALDEN B. MILLS, *Managing Editor*

MILDRED WHITCOMB, *Associate Managing Editor*

EDITORIAL BOARD

CHAIRMAN, JOSEPH C. DOANE, M.D.

ADMINISTRATION

A. C. BACHMEYER, M.D....*University of Chicago Clinics*
R. C. BUERKI, M.D....*University of Pennsylvania Hospitals*

FINANCE AND ACCOUNTING

DONALD C. SMELZER, M.D....*Germantown Hospital, Pa.*
C. RUFUS ROREM.....*Commission on Hospital Service*

GOVERNMENT HOSPITALS

B. W. BLACK, M.D....*Alameda County Hospitals, Oakland*
GEORGE P. BUGBEE.....*City Hospital, Cleveland*

HOSPITAL SERVICE PLANS

JOHN R. MANNIX.....*Detroit*
E. A. VAN STEENWYK.....*Philadelphia*

MENTAL HOSPITALS

WILLIAM A. BRYAN, M.D....*Norwich (Conn.) State Hospital*
FRANKLIN G. EBAUGH, M.D....*Colorado Psychopathic Hospital*

NURSING

DOROTHY ROGERS, R.N....*Presbyterian Hospital, Chicago*

OUT-PATIENT SERVICE

A. K. HAYWOOD, M.D....*Vancouver General Hospital*
JOHN E. RANSOM.....*Hospital Council of New York*

PERSONNEL MANAGEMENT

E. M. BLUESTONE, M.D....*Montefiore Hospital, New York*
JAMES A. HAMILTON.....*New Haven (Conn.) Hospital*

PLANNING AND CONSTRUCTION

S. S. GOLDWATER, M.D....*Assoc. Hospital Service, New York*
C. W. MUNGER, M.D....*St. Luke's Hospital, New York*

PLANT OPERATION

FRED G. CARTER, M.D....*St. Luke's Hospital, Cleveland*

PROFESSIONAL RELATIONS

M. T. MACEachern, M.D....*American College of Surgeons*
WILLARD C. RAPPLEYE, M.D....*N.Y. Department of Hospitals*

PUBLIC RELATIONS

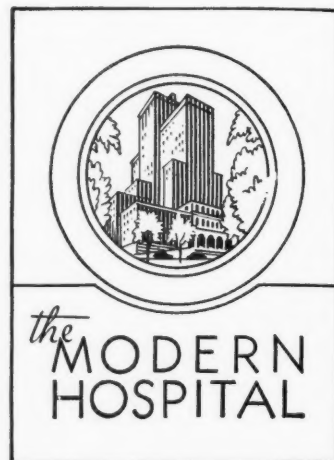
MICHAEL DAVIS...*Comm. on Research in Medical Economics*
ADA BELLE McCLEERY, R.N.....*Geneva, Ill.*

SMALL HOSPITALS

GLADYS BRANDT, R.N....*Children's Free Hospital, Louisville*
FRANCES C. LADD, R.N....*Faulkner Hospital, Massachusetts*

UNIVERSITY HOSPITALS

B. C. MACLEAN, M.D....*Strong Memorial Hospital, Rochester*
ROBERT E. NEFF.....*University of Iowa Hospitals*



EDITORIAL CONSULTANTS

G. H. AGNEW, M.D....*Canadian Hospital Council*
R. H. BISHOP JR., M.D.....*University Hospitals, Cleveland*
NELLIE GORJAS.....*St. Barnabas, Minneapolis*
RT. REV. MSCR. MAURICE F. GRIFFIN...*Cleveland*
A. J. HOCKETT, M.D.....*Touro Infirmary, New Orleans*
F. STANLEY HOWE...*Orange Memorial Hospital*
LEWIS E. JARRETT, M.D.....*Hospital Division, Medical College of Virginia, Richmond*
SYDNEY LAMB.....*Liverpool, England*
SR. LORETTO BERNARD...*St. Vincent's, New York*
JOSEPH G. NORBY.....*Columbia Hospital, Milwaukee*
ABRAHAM OSEROFF...*Montefiore of Pittsburgh*
SISTER M. PATRICIA.....*Duluth, Minn.*
MAXIM POLLAK, M.D.....*Municipal Tuberculosis Sanitarium, Peoria, Ill.*
OLIVER G. PRATT.....*Salem (Mass.) Hospital*
W. S. RANKIN, M.D.....*Duke Endowment*
ALBERT H. SCHEIDT.....*Dayton, Ohio*
GEORGE D. SHEATS.....*Memphis, Tenn.*
HERMAN SMITH, M.D....*Michael Reese Hospital*
GEORGE F. STEPHENS, M.D.....*Royal Victoria Hospital, Montreal*
FRANK J. WALTER...*St. Luke's Hospital, Denver*
PETER WARD, M.D....*Charles T. Miller Hospital*
LUCIUS R. WILSON, M.D.....*Protestant Episcopal Hospital, Philadelphia*
GEORGE U. WOOD.....*Peralta Hospital, Oakland, Calif.*



Published monthly and copyrighted, 1941, by The Modern Hospital Publishing Company, Inc., 919 N. Michigan, Chicago. Otho F. Ball, president; Raymond P. Sloan, vice president; Stanley R. Clague, secretary; J. G. Jarrett, treasurer. North and South America, \$3 a year; foreign, \$4. Single copies: current, 35c; back, 50c to \$1. Entered as second-class matter, Oct. 1, 1918, at the post office at Chicago, Ill., under act of March 3, 1879. Printed in U. S. A.



FOR THE ANEMIAS

● According to medical history, the first accurate report of a case of pernicious anemia was made in 1822. For more than a century thereafter the disease continued to be almost universally fatal. Arsenic and transfusions were used, but did little more than postpone the issue. Then in 1925 came the studies of Whipple and Rabscheit-Robbins, followed by the work of Minot and Murphy, which soon led to the liver extracts so widely prescribed today.

Eli Lilly and Company is proud to have had a part in this development. It was the Lilly man in your territory who first placed liver extract, in any form, at your disposal. Since that day in 1926 the Lilly line of liver preparations has been widely extended and greatly improved.

Here is a partial list:

PREPARATIONS FOR ORAL USE

PRODUCT	DAILY DOSE
Liver Extract, Lilly	3 vials
Pulvules 'Extralin' (Liver-Stomach Concentrate, Lilly)	12 pulvules
Pulvules 'Extralin B' (Liver-Stomach Concentrate with Vitamin B Complex, Lilly)	9 pulvules
Pulvules 'Lextron' (Liver-Stomach Concentrate with Ferrie Iron and Vitamin B Complex, Lilly)	12 pulvules
Pulvules 'Lextron Ferrous' (Liver-Stomach Concentrate with Ferrous Iron and Vitamin B Complex, Lilly)	12 pulvules
Elixir 'Lexoprin' (Liver Concentrate, Lilly)	1½ fluid ounces
Elixir 'Lexoprin Compound' (Liver Concentrate with Ferrous Iron and Vitamin B Complex, Lilly)	1½ fluid ounces
'Hepovex' (Liver-Stomach Extract, Lilly)	9 grams (approximately 3 level teaspoonsful)
'Hepovex Compound' (Liver-Stomach Extract with Iron and Vitamin B Complex, Lilly)	9 grams (approximately 3 level teaspoonsful)

PREPARATIONS FOR PARENTERAL USE

PRODUCT	DAILY DOSE
Solution Liver Extract Crude, Lilly, 1 injectable U.S.P. unit per cc.	1 cc.
Solution Liver Extract Crude, Lilly, 2 injectable U.S.P. units per cc.	1/2 cc.
Solution Liver Extract Purified, Lilly, 5 injectable U.S.P. units per cc.	1/5 cc.
Solution Liver Extract Purified, Lilly, 10 injectable U.S.P. units per cc.	1/10 cc.
Solution Liver Extract Purified, Lilly, 15 injectable U.S.P. units per cc.	1/15 cc.
'Reticulogen' (Parenteral Liver Extract with Vitamin B ₁₂ , Lilly)	1/20 cc.

ELI LILLY AND COMPANY

PRINCIPAL OFFICES AND LABORATORIES . . . INDIANAPOLIS, INDIANA, U. S. A.



We pay him . . . but he works for you



The "Sh-h-h-h Girl"

Strange things happen, and the story of the "Sh-h-h-h Girl" is one of them. One day in the display window of the studio in Buffalo, N. Y., where she originated, a photograph of the "Sh-h-h-h Girl" appeared. Little did her creators



dream she was destined to play any part in hospitals, that is, not until Dr. Fraser Mooney of the Buffalo General Hospital came along and asked for an enlargement to put in one of his wards.

Far more effective, this visual reminder against noise, than any printed warning, he argued. His contention proved correct with the result that additional pictures were purchased. Noting her success, other hospitals adopted the idea and added the "Sh-h-h-h Girl" to their staffs.

Today this young lady is not only prominently posted about Buffalo General, but appears on the front cover of its annual report. Doctor Mooney has even had door cards designed, using her photograph, with the message, "Will you please speak to the nurse at the desk before entering this room."

It Helps Public Relations

Here is a suggestion that may help the public relations program. It comes straight from the admitting desk of the Grand View Hospital, Ironwood, Mich. Let's stand by and see what happens.

The admitting clerk admits the patient in the usual way, getting the physician's name and the name of the attending minister. So far so good. Now she has

two tasks to perform that take precedence over everything else. First, she calls the physician to announce the patient's arrival; second, she calls the patient's minister, priest or rabbi. Thus the clergy are kept constantly informed of any members of their congregations who may be hospitalized. In fact, there is an association of ministers in the community and it was at their suggestion that this procedure is followed.

There are no restrictions regarding the time at which the clergy may call, J. A. Blaha, business manager, tells us. "They are welcome with open arms at all hours of the day or night." He insists that the plan has had a beneficial effect upon community relations, not only with the clergy but with the patient, his relatives and the public in general.

We Give Thanks

Each Thanksgiving, Cambridge Hospital, Cambridge, Mass., tries to provide an unusual greeting for its patients. This year's greeting took the form of a poem, a copy of which was placed on each tray at the noon meal. A copy was also given to every employee.

It was composed by an employee, and so full of meaning is it and so simply and beautifully expressed that we asked Dr. Albert G. Engelbach, the director, for permission to reproduce it.

Thanksgiving Day is over, to be sure, but every day should be a day of rejoicing and gratitude for what we still possess. For this reason it is no mere seasonal greeting.

THANKSGIVING—1941

WE GIVE THANKS

That for us the moonlit night still holds no terror:

That freedom rings; we speak the language of our minds;

That we have bread and homes and warmth and love.

WE GIVE THANKS

That we are in the service of mankind;

That in your need we have the means and skill

To care for you; that ours may be the hands

Which help you back to health, to strength and peace.

RUTH RANDALL

Smart Styling

To discover what the well-dressed hospital is wearing these days is worth a trip to Beverly, Mass., where the Beverly Hospital has recently opened a new wing. What a marked contrast to the dark, tunnel-like corridors of old days are these light, colorful halls with their gray rubber dadoes and lighter gray walls above. Door trims are finished in pale coral and the doors themselves are blond wood. The same bleached finish is used extensively throughout and contributes materially to the modern atmosphere. Chairs and tables in the nurses' dining room, for example, are especially effective with their seat pads of coral leatherized material.

With the new building so smartly styled, something had to be done with the original structure so that the contrast between new and old might not be too great. A dado painted in clear blue on the walls near the front entrance and the corridors transformed them completely. Few would recognize the lounge to the left of the entrance where blue and coral have been introduced effectively.

Here is a suggestion for those to whom ugly radiators are a problem, particularly in a solarium that is green and white and "outdoorsy." With little effort the house carpenter can conceal them with small white picket fences. Used with a wall covering such as that discovered in one room at Beverly in which a green lattice appears against a white ground, the effect is pleasing and wholly free from the stigma of institutionalism.

They Relieve the Nurses

Those competent looking women hard at work at the desks on the various floors of Grace Hospital, New Haven, Conn., are not nurses, that is evident. But they're doing part of the nurses' work, the clerical part, that is.

You see, Grace Hospital, like all others, has been finding it difficult to obtain adequate nurses. In studying the situation to see what could be done to relieve those who were available from any extraneous duties, Sidney Davidson, superintendent, hit upon the happy idea of getting responsible women to render clerical assistance to the nursing heads.

The plan is working out well, we are told, which only goes to prove that necessity is the mother of invention, after all.



A new hospital bedspread by Rhoads & Company

Specifically designed to give the utmost in wear, washability and appearance, Star P-K Bedspreads are a particular satisfaction to the hospital buyer who wants a more attractive, more durable spread—without the usual “institution” look.



Rhoads & Company

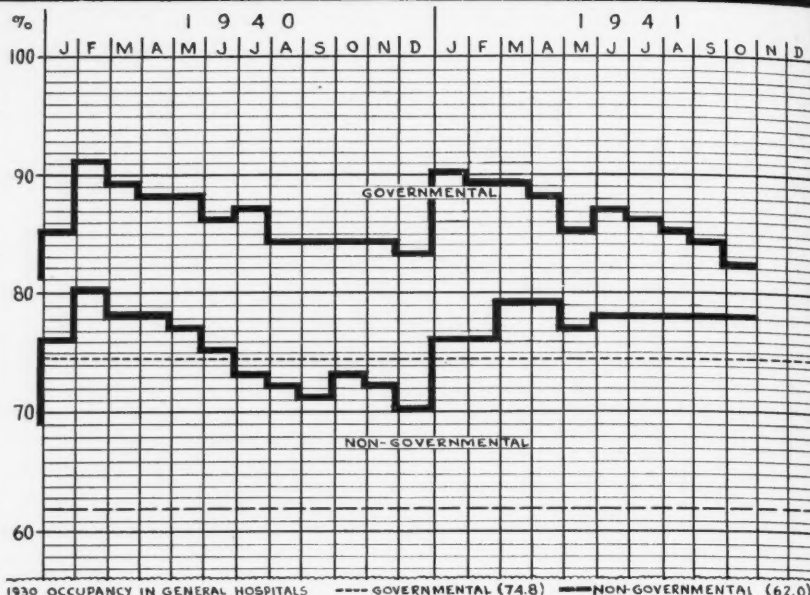
PHILADELPHIA

SPECIALISTS IN HOSPITAL TEXTILES SINCE 1891

HOSPITAL OCCUPANCY BAROMETER

Type and Place	Census Data on Reporting Hospitals		1941		1940	
	Hosp. ¹	Beds ²	Oct.	Sept.	Oct.	Sept.
Governmental:						
New York City.....	17	10,380	90*	90	95	94
New Jersey.....	5	2,136	90*	90*	88	85
N. and S. Carolina.....	20	2,655	75*	75	68	72
New Orleans.....	2	2,800	77*	77*	84	84
San Francisco.....	3	2,255	103*	103	101	98
St. Paul.....	1	850	66*	68	65	67
Chicago.....	2	3,500	85*	84*	88	89
Total ⁴	50	24,576	82*	84*	84	84
Nongovernmental:						
New York City ³	70	16,526	77*	77*	72	69
New Jersey.....	56	8,111	76*	76*	73	71
N. & S. Carolina.....	109	7,913	66*	66	64	66
New Orleans.....	6	1,233	86*	84	76	75
San Francisco.....	16	3,178	81*	81	77	76
St. Paul.....	9	1,134	78*	78	72	69
Chicago.....	28	5,870	79*	73	69	67
Cleveland.....	15	3,085	83*	78	82	78
Total ⁴	309	47,050	78*	78*	73	71

¹Excluding hospitals for tuberculous and mental patients and institutional hospitals. Census data are for most recent month. ²Excluding bassinets, usually. ³General hospitals only. ⁴Occupancy totals are unweighted averages. *Preliminary report. Complete occupancy figures for January 1933 to November 1939 are given on page 1026 of The Nineteenth Hospital Yearbook.



1941 Occupancy Figures Maintain High Average; Construction Soars

The past month was marked by a large number of new hospital construction projects and by reports of falling occupancy in the overcrowded general hospitals maintained by governments and of stable occupancy at a high figure in the nongovernmental general hospitals. Advancing prices were also apparent in various fields.

Occupancy in the voluntary hospitals seems to be charting an entirely different course in 1941 than it did in 1940 and in the preceding years. In most years, the occupancy of the reporting hospitals has reached a peak in February or March and then has fallen steadily to a low point in August or September. This year occupancy was slightly lower in the early spring peak but has remained high all spring, summer and early fall. What the record for November and December will be is, of course, unknown as yet but it seems reasonable to expect the usual sharp drop in December resulting from the usual exodus from hospitals over the Christmas holidays.

The occupancy records of the voluntary and the governmental hospitals are drawing much more closely together than they have been in previous years. During the first ten months of this year there was an average difference in the occupancy percentages between the two groups of only 8.8 points,

Commodity Price Comparisons

Commodity	Oct. 18	Nov. 15
General Wholesale Prices.....	95.8	96.3
Grain.....	80.9	84.1
Food.....	91.3	92.1
Textiles.....	95.7	96.6
Fuel.....	97.5	97.5
Building Materials.....	124.4	124.7
Drugs, Fine Chemicals.....	222.9	226.3

while during the same period of last year the difference was 11.4 points. Furthermore, since February of this year

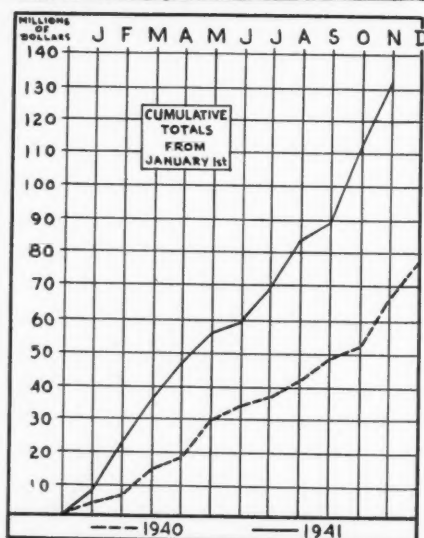
the spread in each month has been less this year than it was last year. The October figures are separated by only three points. More complete figures may change this particular report but the general trend during the current year seems to be unmistakable.

A total of 86 new hospital construction projects was reported during the four weeks from October 20 to November 17, inclusive. Of these 79 gave cost figures which totaled \$19,707,830 and brought the year's total to date to \$131,939,000. Except for last month's report, which happened to cover a six weeks' period, this is the largest total reported any month since the W.P.A. projects were at their height in the last few months of 1938.

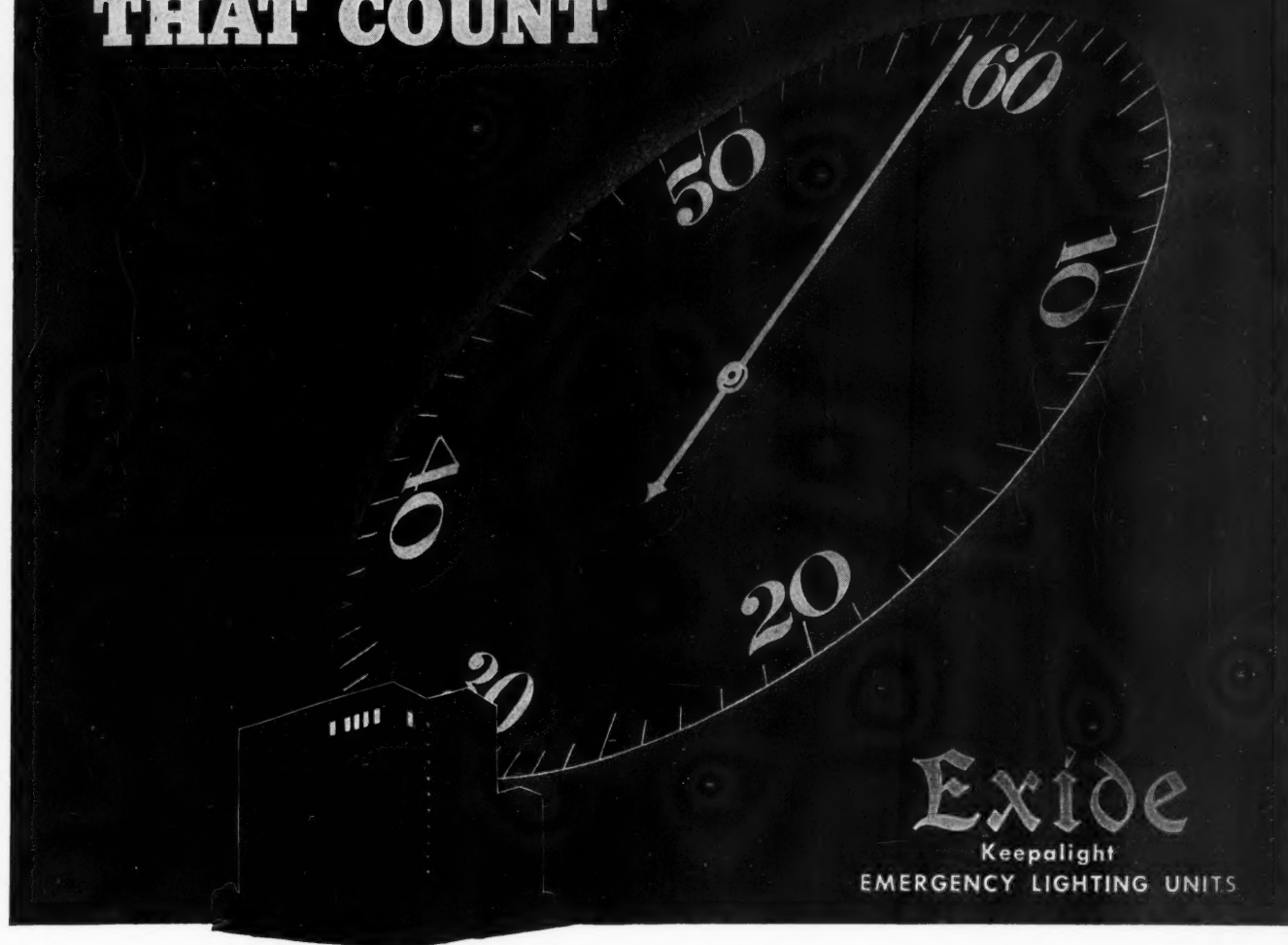
Of the new projects, 29 are new hospitals or allied institutions of which 25 will cost \$7,373,500. Fifty-four of the projects are additions to existing institutions; 51 of these reported costs of \$11,914,330. There were two alterations to cost \$490,000 and one nurses' home to cost \$30,000.

A sharp price advance in the *Oil, Paint and Drug Reporter's* index for drugs and fine chemicals was noted in the period from October 20 to November 17. The general wholesale price index of the *New York Journal of Commerce* also advanced slightly, pulled up by grain and other advances.

HOSPITAL CONSTRUCTION



IT'S THE FIRST 60 SECONDS THAT COUNT



Hospitals all over the country are protected against blackouts by Exide

In many states, from the frigid North to the sunny South, wise hospital authorities have safeguarded their hospitals . . . and their patients' lives . . . against possible blackouts by installing Exide Emergency Lighting.

These hospital superintendents realize that utility companies, whatever precautions they take, cannot control the effects of storms, floods, fires or street accidents.

Power failures will occur . . . but hospital blackouts must *not* be allowed to happen and can easily be forestalled.

Exide Emergency Lighting Units have kept the lights of many hospitals shining brightly during many emergencies . . . lasting from a few minutes to 18 hours or longer. And this Exide protection has proved as inexpensive as it is dependable.

THE ELECTRIC STORAGE BATTERY COMPANY, Philadelphia
The World's Largest Manufacturers of Storage Batteries for Every Purpose
Exide Batteries of Canada, Limited, Toronto

SMALL HOSPITAL QUESTIONS

Receipt of Goods

Question: In a small hospital with no special purchasing department, what is the simplest workable but efficient method of checking the receipt of goods with the original order; by whom is this usually done?—R.C., N.J.

ANSWER: Establish rules on the purchase and receipt of goods. Place all orders in writing. Acquaint the clerk and janitor with the fact that a shipment is anticipated.

When the shipment is received, any designated member of the personnel may open it. He should carefully check the items with the packing slip or invoice. If there is no packing slip or invoice, he should list the items accurately, attach his signature and save the entire packing contents until the invoice verifies the shipment. He should then place the packing slip or notation on the desk of the superintendent, who will verify it with the written order.

In case of breakage or an incomplete order, nothing should be removed from the box and the transportation company and the vendor should be immediately notified. Consumers are justified in their extreme indignation toward vendors who fail to include packing slips and who delay prompt mailing of invoices.—GLADYS BRANDT.

Vacation Pay

Question: If an employee leaves within a period of three months after a vacation with pay, is this employee entitled to the paid vacation? Should not this amount be deducted from the last pay check?—A.H., Ohio.

ANSWER: The vacation that you speak of is, no doubt, for the year that has passed, as I take it for granted that the employee was in your employ for at least a year in order to get a vacation with pay. Therefore, he is entitled to his full pay for the three months that he worked after the vacation.—ALLOYS F. BRANTON, M.D.

Nursing School Setup

Question: How are faculties for schools of nursing organized? Are members of the medical staff requested to teach subjects or do they volunteer and ask for certain subjects? What is the ideal setup for teaching when members of the medical staff and hospital-employed instructors are available? Are members of the medical staff compensated in any way for their teaching?—N.R., Ohio.

ANSWER: The organization of the faculty of the school of nursing depends upon the type of school. In schools with a university connection, there is usually some form of committee with representation from the hospital and the university. In a general hospital without university affiliation, the director of the school

Conducted by Gladys Brandt, R.N., Children's Free Hospital, Louisville, Ky., Alloys F. Branton, M. D., Willmar Hospital, Willmar, Minn.; Jewell W. Thrasher, R.N., Frasier-Ellis Hospital, Dothan, Ala.; William J. Donnelly, Princeton Hospital, Princeton, N. J., and others

works in cooperation with a committee of the faculty and is guided by the curriculum guide of the National League of Nursing Education. In any instance, the director of the school of nursing must be the guiding hand, as she is the only person in a position to view the problem from all angles.

The average school is dependent on the hospital for financial support and plans involving expenditure of money can be carried out only with the cooperation of the hospital superintendent. Fortunate is the institution that has a hospital superintendent with an appreciation of the problems of nursing education.

In one nursing school the policy is that all doctors giving instruction to nurses must hold appointments on the medical staff of the hospital. This policy seems sound. In this hospital the heads of the medical, surgical and obstetrical departments, in cooperation with the director of the school of nursing, select the instructors for the clinical courses. An effort is made to appoint instructors to lecture in their specialties; for example, a doctor who specializes in diabetic work and who will be giving orders to nurses caring for diabetic patients is asked to give the lectures on that subject.

There is probably no setup that is ideal for all schools of nursing. Three points seem to be essential:

1. That well-prepared instructors be employed, including physicians, nurses, dietitians and such instructors from the allied groups as social service and occupational therapy.

2. That all instructors be compensated for their work. Many hospitals pay a flat rate of \$5 per hour. In no instance does this compensate a busy doctor for his time but it does stabilize the whole teaching program. Any service that receives remuneration carries with it an obligation.

3. That there be some form of faculty organization to deal with the teaching program as a whole. In a very small school, this might resolve itself into one small committee. In a larger school sev-

eral committees might work independently and come together for occasional meetings.—ELIZABETH W. ODELL.

Procrastinating Physicians

Question: Cannot some definite pressure be brought to bear on doctors by the A.M.A. or A.H.A. or A.C.S. regarding case records? Legislation assures signatures for narcotics. What method of intimidation can be employed?—M.M.W., N.Y.

ANSWER: National organizations such as these are voluntary and extralegal and have no right to discipline the medical staff of a hospital, collectively or individually. This is the sole responsibility of the administrative and professional groups of the institution. Furthermore, it would not be desirable for a voluntary organization to interfere in local matters. The remedy lies in having an administrator and governing board with "backbone" enough to carry out the adopted policies laid down by the governing board and medical staff of the hospital.—MALCOLM T. MACEachern, M.D.

Cantankerous Employees

Sirs: I am wondering if our solution of the problem of the cantankerous older employee would be of any help to C. W. E. of New York.

Five years ago we had a nurse who was just past 60 and not particularly well. She had been in our employ for a number of years and, although we have an eight hour divided day, her disposition was getting so bad I felt she could not continue. I approached the nurse and offered her two thirds of her salary for half-time work, explaining to her this was not punishment but a sincere desire to help her through her later years. Her salary, after reduction, was \$80 per month for four hours a day. We still allow her one month's vacation and her day off per week. The change in her health has been remarkable and, today, at 65, she is a real help and I should greatly miss her from the organization.

We have a maid of about the same age, whom we have put on six hour time at full pay. I think they both appreciate what has been done for them and I know their health and disposition are improved.—MYRTLE DEYOUNG, R.N.

Dietetics by Correspondence

Question: Can you recommend a school from which it would be possible to get a course in dietetics by correspondence?—J.B.D., Ga.

ANSWER: There is no school in the United States from which one can obtain a course in dietetics by correspondence.—DOROTHY DEHART.

LOOKING FORWARD

Not Yet a Health Center

IF A woman with a sick child comes to an individual physician and says, "My child is sick and we want you to care for him," the doctor will not fail to respond. If this woman comes to the hospital with the same plea, will it always respond? For the hospital to be rightly called a community health center, this appeal must not be neglected, even though the case is not a so-called emergency.

Another family moving into a new community is faced with the problem of how to choose a doctor. Having learned of the great advances in modern medicine and the possibilities of the modern hospital, the father naturally turns to the hospital for the needed advice. It is not forthcoming. The harassed individual, not understanding the ethical problems involved in the refusal, tries other hospitals without success. The result is that this person becomes skeptical of the benefits to the community of the modern hospital so praised in health education.

Is it possible to make the hospital a community health center in the present highly competitive environment? This raises questions concerning ethics and the organization of services—questions for the medical profession, society and hospital administration to answer.

Medical schools continue to train the medical student in the technics of well-organized group practice in the modern hospital and clinic only to send him out to practice as an individual physician. As such, he is often denied the diagnostic aids and therapy offered by the modern hospital. As a result, the individual physician is inclined to be touchy on the subject of well-controlled and well-organized medical care within the hospital. Are this physician and his patient likely to look upon the hospital as a health center?

If it were possible to organize under far-sighted leadership the general practitioner, the specialist, the nurse, the physical therapist, the dietitian, the research worker, together with the laboratory, the x-ray service, the clinic and the hospital, in such a way that the patient would know where to go for his medical service and how to get it, then the hospital could truly justify the name of "community health center." However, in this coordination, competent professional guidance is imperative if the quality of service is to be maintained. Of primary importance in such organization is the unsolved financial and economic problem.

The hospital administrator who, some 15 years ago, introduced the idea of making offices at the hospital

available for the physician for the treatment of his private patients made a great step in the right direction. To bring the man or woman of the community to the hospital is to develop pride and interest in the institution. This general interest of the best minds in the community in the hospital is a means to continual betterment.

Are We Thinking Straight?

THE establishment of higher educational standards for everyone involved professionally in hospitals is reassuring. We have only to read the early reports of our older and representative institutions to realize what progress has been made. The men and women whose names appear in these fascinating records had little to offer other than themselves and their desire to serve those who were less fortunate. What they had, they gave unstintingly without thought of recompense or reward. Because they themselves counted for so little, the patient counted for more and, in consequence, has received more—in personalized service, that is.

The question is whether, with so much more to give in professional and cultural knowledge and with such modern facilities as refresher courses, institutes and an ever-increasing list of conventions at his disposal, the hospital worker of today is actually giving as much. Will the annals of 1941, for example, include as many instances of heroic self-sacrifice and daily devotion to the task of serving others as those of 25 or 50 years back? It is characteristic of our modern point of view that we refer even to those fruitful lives as self-sacrificial when in reality they were merely lives dedicated to service, to doing a job, their job.

At risk of being labeled nostalgic we would recommend that every program of education for hospital workers include certain hours spent in turning back, to try to recapture some of the spirit that has caused our voluntary hospitals through the years to become centers of health activities. It is possible that we may find in those records a clue to the source of some of our present day problems. How disconcerting to discover this clue where we would least expect it, within ourselves, in the false ideas that we may have acquired of our own importance in our relationship to others, in our utter misconception of what constitutes true hospital service! Yet with what reassurance we could then face the future!

Planning for Rehabilitation

CHANGED policies and standards of physical examination for the armed forces make difficult any comparison of percentages or classifications of rejected registrants today with those of 1917. Of the 200,000 men who have been rejected in recent examinations, however, at least 30 per cent are reported to have dental defects; hernias were found in about 7 per cent. By improved methods of examination, more than 50,000 cases of venereal disease were discovered. These are some of the remediable disabilities; their correction would qualify many men for military service. Many of the other defects discovered, however, should be corrected or improved for the pursuits of civil life.

The Army, Navy and Public Health Services are asking the assistance of various national organizations concerned with this problem and the hospitals of the United States will be expected to do their share. Many problems are presented but early planning may solve them. Is the economic status of the rejected registrant to determine whether he shall receive medical and hospital care at the expense of the government? What type of hospital accommodation will be provided and to what extent will staff organization be respected in the selection of competent professional service? What restrictions, if any, will be imposed because of legal residence?

If the program is to be a voluntary one, the number of rejected registrants seeking remedial care may be less than has been anticipated. In any event, attention is now focused more forcibly than ever upon medical needs and public health possibilities. It is more than probable that efforts will be redoubled within the next decade to overcome many of the disabilities that selective service has discovered. In any such program the voluntary hospitals should be willing to play their part.

Standardization of Supplies

AS AN incidental benefit resulting from present shortages of raw materials and labor, there may well be much greater emphasis on standardization and simplification of hospital supplies and equipment. So important are standardization and simplification in the opinion of top officials of O.P.M. that special officers have been employed to promote these objectives.

The American Hospital Association has long performed fine service in this regard through its special committee on simplification and standardization of hospital furnishings, supplies and equipment. For the present period, particularly, the work of this committee might well be hastened. Furthermore, this committee might also consider what changes in standards can be adopted for the period of the emergency to conserve scarce raw materials.

Both manufacturers and hospitals should assist the committee and should back up its recommendations.

"Special orders" should become a rarity and hospitals should adapt their requirements so that they can use the things that can be made easiest and with the smallest expenditure of labor and materials.

Interviews

THE hospital executive's intramural life consists in large part of correspondence, written and oral. "Put it in writing" seems imperative at times but, for various administrative reasons, it should not be overdone. Personal interviews offer more room for expansion and these are at least as useful as written correspondence in revealing the mind of the petitioner.

For the benefit of the amateur in the office of the director a few types might be exhibited.

Take, for example, the gentleman who calls to exchange a few pleasantries, scatters a few flattering remarks and, after a while, often a long while, retreats courteously to the door where he discovers that he has forgotten something ("Oh, by the way . . ."). The postscript, so to speak, turns out to be the essential reason for the visit, though you would seldom guess it, his manner having been so thoroughly smooth and disarming. If you are on the alert, reason will prevail and the interests of your hospital will be protected. If not, he wins, having put something over on you painlessly as well as successfully. Beware of the visitor who does not wear his motives on his sleeve.

Another type is the one who might be described as a time-waster. When, to be courteous, you ask him how he feels today, he takes you seriously and goes into great detail. Your eyes shift upward tactfully to the clock on the wall, with an innocent look which indicates that time may be flying for one of you if not for the other, but he goes on, even though he promised to take "only a few minutes." This is the visitor on whom time hangs heavily, so heavily in fact, that he can neither understand nor appreciate an appointment system. He just happened to be in the neighborhood and thought that he might take the opportunity to drop in and talk things over. Oftentimes he is too important to be turned away. One type in this category, who requires delicate treatment, is the one who has money as well as time to spend.

Nor do your troubles end with face-to-face experiences like these. One of the telephones may go into action at any moment. Again, "I'll only take a minute of your time" and you paw the floor impatiently, forgetting that it might be worse. Patience, patience! "While I've got you on the wire, may I . . ."

An efficient secretary, personal tact, a good sense of timing and the ability to speak gently as well as euphemistically must all be combined and brought into play, if matters are to be expedited. "Put it in writing" is helpful, especially if you are not a good listener, but "drop in and let's talk it over" is better if you are eager to escape the accusation of unapproachability.

Christmas, Family Style

RAYMOND P. SLOAN

LET'S turn back in our memories and revive the old-fashioned Christmas. You remember, the good old days when we didn't have to be forewarned by astute merchants, "Only two weeks 'till Christmas." We had only to observe what went on within the family circle, the knowing winks exchanged between mother and dad, the giggles of the younger children, the admonishing voice of Bessie from the kitchen, "G'wan with ye. May the devil take ye if you don't kape your heads out o' that closet door."

What tales of love and devotion were revealed by lights that burned late in windows usually dark, lights that announced to the dark world outside, "Christmas is coming!" And no light burned brighter or longer than that from the little dormer window high among the eaves where Bessie dug down in the old metal trunk she had brought with her to the new world for odd bits of ribbon and worsted to fashion dolls for the girls.

Who of us will forget the dress rehearsal on Christmas Eve when, with little John and Gertie and Freddie and Sue tucked safely away in bed, dad and mother, with the older children and the help of Bessie and Thomas, the hired man, hauled the fragrant hemlock in from the shed and set it up in the front parlor. Its last candle in place and the cones silvered by Thomas's patient hands, everyone would stand back and exclaim over the effect.

Then came the joys of Christmas morning—the screams of delighted children dancing around a tree heavy with its bounty of good will offerings and, beneath, mysterious boxes tied securely in substantial wrappings.

Day turned into night—Christmas night. Tired children were tucked into bed; quiet and peace prevailed. Mother and dad blew out the last candle on the tree.

"Bessie, Bessie, can't you stop now and get some rest?" mother would call through the door into the kitchen.

"Right away, ma'am, soon as I take another look at them young



These children make a successful bid for Santa's attention at one of the Christmas celebrations held at Beekman Street Hospital, New York City. New York Daily News

ones upstairs. Sure'n it's been a day for them, indeed!"

"It's been a day for us all, the best Christmas ever. God bless you, Bessie."

"And may God bless you and your family, ma'am—your family, which God willin', is my family, too."

In your family, my family—our family—what has happened that we must be reminded daily that Christmas is so many days distant and that we have certain obligations to perform? What change has come over us that the homely, little services we once performed with such pleasure, the small tokens of love and esteem to which we devoted hours of

thought, have become obligations? Are we doomed forever to be moved by our heads rather than by our hearts? Are those heads thinking sanely or are they, too, merely another indication of a world gone suddenly mad?

For the good of civilization generally, is it not time that we returned to the days of Christmas, "family" style, when we worked together, played together, planned together, because we were one united household? Would it not tend to smooth some of the differences that have arisen in recent years? Would it not make us more sympathetic to the problems of others and less con-

cerned over our own failures and successes?

Fortunately, our hospitals have never lost their Christmas spirit. Lights still burn late upstairs and downstairs where plans are under way for the entertainment of those who must spend their holidays away from home, some in pain and suffering. Everything is done to make the day as happy for the patient as possible. At this very writing groups are engaged in devising tray decorations and gifts and amusement for the children. Many will acknowledge as Christmas night falls that Christmas in the hospital is not so bad after all.

The hospital Christmas, family style, must consider guests, to be sure, but it must also include every member of the family from the youngest to the oldest, from the lowliest to the highest. Each should have a share in the festivities, be made to feel that he is part of the household, an important member of the family. The employees' celebrations should be as carefully planned as are the celebrations of those they serve. It must be their show.

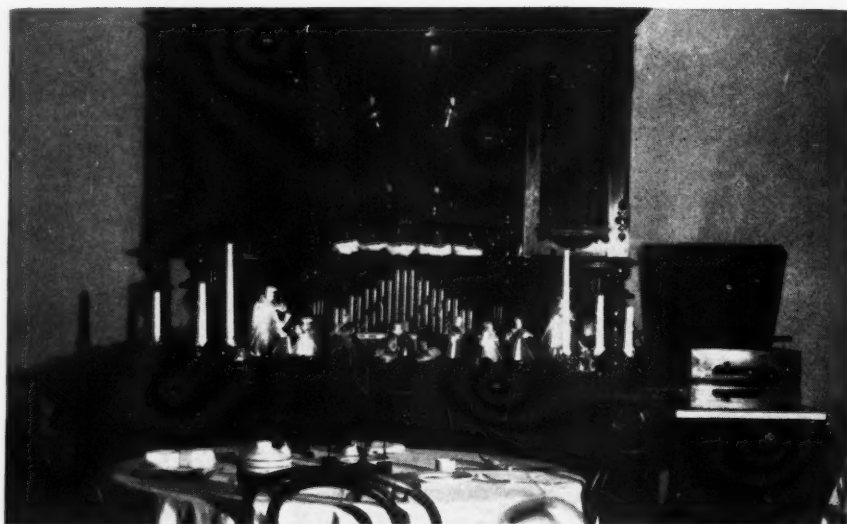
Because most hospital families are large, their members cannot all be gathered about the same Christmas tree, so there will have to be different parties, no doubt.

Let us look in for a minute on some of these hospital family parties to see what's going on. One hospital holds two during the week between Christmas and New Year's. In the gymnasium of the nurses' residence 500 members of the professional staff witness an amateur entertainment that would put many a professional performance to shame. The performers are all hospital people, proving the hidden talent to be found in any hospital group. Were we to stand behind the curtain and peek out, we would discover more than half the attending staff, with their wives and families.

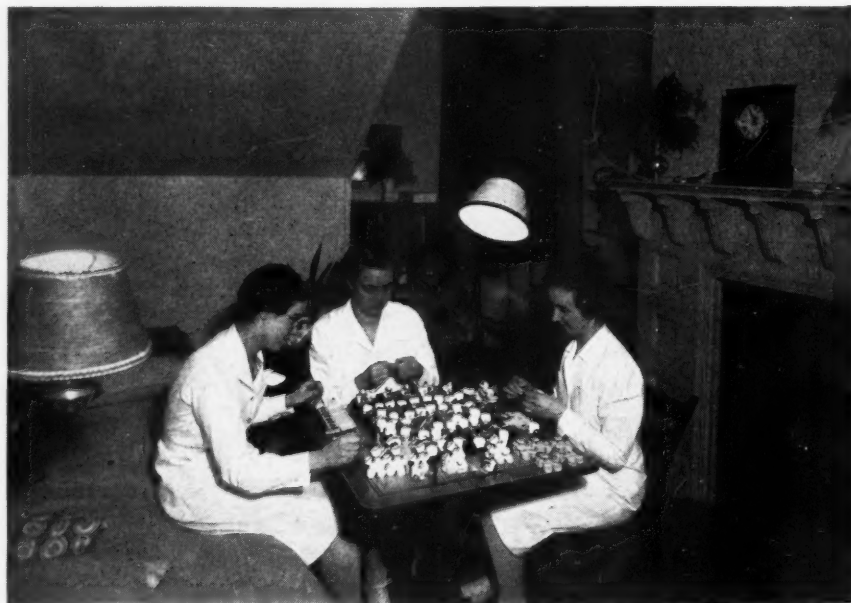
The following night we might look in on another party that attracts 300 members of the service department. They are having a time for themselves! Each department, it seems, has appointed a committee to make the arrangements. If we should wait until it is over, we can dance, can keep on dancing, in fact, until the strains of "Home Sweet Home" tell us it is 1 o'clock in the morning.



Student nurses at the Hospital of St. Barnabas and for Women and Children, Newark, N. J., gather dolls in anticipation of the children's party.



A miniature organ surrounded by cotton angels robed in glistening cellophane straws made this attractive display at Passaic Hospital, Passaic, N. J.



At Orange Memorial Hospital, Orange, N. J., the dietitian and her two assistants make individual decorations and favors for each patient's tray.

Let us ask the superintendent what he has to say about it.

"I went to both these parties and I can assure you that everyone had a fine time. Nothing we have done for a long time has gone as far in improving employe relations and in making everyone feel that he is a part of the big show."

Now we are attending another kind of Christmas party, a children's party. The children are not patients, however, but the offspring of members of the hospital family. Twenty-five of them are guests of the hospital in the nurses' home. Shouts of laughter greet us as they applaud enthusiastically the entertainers provided. Santa Claus is there, of course, for what kind of a Christmas party would it be without him! There will be ice cream, cake, candy and gifts before the afternoon is over. Lest there be any doubt as to its being a family affair, the nursing department, we are told, provided the physical facilities; the dietetic department, the refreshments; the junior auxiliary, the presents, and the Young Men's Christian Association, the entertainment. "This proves," says the superintendent, "that our various departments and auxiliaries can cooperate in the interest of the hospital program."

Public Supports Program

Public support for the Christmas program is not difficult to obtain. Many want to help at this time of year. Obtaining their cooperation and understanding is not always so simple.

Members of one women's auxiliary were frankly disturbed when told it would be better if they did not decorate the tree in the nurses' residence, that the girls preferred to do it themselves. After some discussion, they admitted they would feel precisely the same way if some one outside the family circle were to enter their homes and relieve them of the thrill of preparing their own Christmas. They continued their support—generous support, too—but wisely withdrew from active participation.

We have still another Christmas party to attend. This one is a Christmas tea and reception, which members of the housekeeping department are giving to the service employes. At one end of the tea table, set up with the hospital's best china and

silver service and decorated with holly, is an attractively dressed woman serving tea; opposite her another is pouring coffee. The seamstress and head of the linen room, it seems, are serving this year as hostesses. In the receiving line are the executive housekeeper and others of her staff. Santa Claus will soon make his appearance with small gifts for all.

What better present could there be for the entire hospital family than the display staged by the student nurses in a hospital in Texas. They called it "Frontier Nursing at Christmas Time." We are going to let one of the girls describe it.

"On a table 3 feet wide and 9 feet long were built miniature mountains at the left and in the center. These were shaped from stiff paper and, to give them a rugged appearance, were covered with a surface of cut newspapers that had been soaked in water and plaster of Paris. At the foot of the first mountain, at the right, was placed a blue reflector to represent a lake. Around this and all over the valley the surface of newspaper and plaster of Paris was used. While the mixture was still wet, small imitation pine trees were set in place and these gave the typical backwoods background for frontier nursing. With a liberal sprinkling of mica snow, the foundation for the glittering frontier was complete.

"Down in the valley, at the right, was a small log cabin, which our engineer made from willow switches. On the mountain to the left was another cabin, which formerly had been a candy box. The elevation in the center was selected for the 'Little Old Cathedral in the Pines.' A priest, fingering his beads, stood before the cathedral.

"The cabin in the valley was the center of attraction. Three inch dolls represented people. A well-known frontier character, the midwife, stood near a cot on which a prospective mother was lying. Seated just outside the door was the grandmother, smoking a pipe. A short distance from the cabin a nurse was seen approaching on horseback. She had traveled miles over the snow-covered mountains to assist at the birth of a child.

"The priest was waiting to hear the glad tidings that would be brought to him by the stage coach,

seen coming down the mountains, and he would give thanks for the birth of another child into this great wide, wonderful world."

Each of the 41 student nurses contributed a part in suggestions and execution of the project. Each, too, enjoyed the finished design and, what is more important, the teamwork.

How remote those years when on Christmas Eve dad and mother, with Bessie and the older children, gathered in the parlor to start the Christmas celebration! Can we revive Christmas, "family" style? The answer rests with us.

Another Celebration

Let's imagine it's Christmas Eve right now. We listen carefully as one member of the hospital family describes the scene.

"The spirit of everyone is at its height. What joy and happy feeling prevail among the staff and personnel of the hospital! Now everyone is converging toward the dining room to partake of the evening meal. But, wait, the dining room is in semi-darkness and the strains of an organ are softly heard as if in the distance. As the doors are opened, a beautiful sight confronts us. In the center of the room against the wall is the massive, hand-carved sideboard transformed into a 'Little Bit of Heaven,' a miniature organ and full-vested choir with enchanting caroling angels. The angels glisten in robes of white cellophane straws with wings and halos of gold metallic paper, with faces of cotton and with hair of curled paper. Appropriate Christmas greens and decorations illuminated with flood lights adorn the table section of the sideboard.

"As we take our places at the tables, we are deeply moved by the strains of familiar carols; as the flickering flames of festive candles cast their shadows on the side table cloths, we quietly gaze and wonder."

Is it our imagination or do we actually hear the words spoken at our old home Christmas: "The best Christmas ever. God bless you, Bessie."

"And God bless your family, ma'am, which, God willin', is my family, too."

Can it be our own voice that is saying, "And God bless our family, our hospital family—always."

Is Fund Raising A Job for Professionals?

• There will always be two opinions concerning the wisdom of engaging professional counsel for a fund raising campaign. Yet I would just as soon go to court without a lawyer as I would try to embark upon a major fund raising effort without professional guidance.

Amateurs often start a difficult job with enthusiasm and self-confidence. If they can finish it with success, well and good, but often unexpected difficulties develop and the goal is not reached.

Once in a while an amateur is able to do a really artistic job; the professional does it routinely. A lot of artistry is needed in raising money. The average hospital knows that the golden apples disappeared in the crash of 1929 and that pulling money out of its hiding places today is not as easy as it was a few years ago.

Yes! Says Robert N. Brough

Norwalk General Hospital
Norwalk, Conn.

Operating a hospital efficiently requires a professional; building a bridge requires a professional; so, likewise, does raising money in sizable quantities.

Another reason for engaging professionals to guide a fund raising campaign is to provide a solid platform on which to stand in case of failure. The professional cannot guarantee success. He does, however, enable the organization to say at the end of the campaign, regardless of the outcome, "Everything possible was done and everything that was done was done well."

One argument used by fund raising organizations is that very few campaigns, for amounts in excess of \$100,000, really succeed under ama-

teur guidance, while the majority of professionally guided campaigns come at least close to reaching the objective.

Fund raising today requires a combination of various technics, publicity, preparation of fine printed matter, organization, applied psychology and knowledge of human nature. In addition, a vast store of experience must be drawn upon for the handling of many delicate situations that cannot well be described or predicted. Few and far between are the hospital organizations with resources sufficiently broad to meet these various specialized needs.

Not Always! Says Agnes Florence

Dixon Public Hospital
Dixon, Ill.

• Dixon Public Hospital has been suffering from "growing pains" for the last four years. Early in 1939 the situation became acute and the board of directors was faced with the great problem of financing a building program.

In the past the hospital had been able to finance all building projects without help, owing to the fact that many years ago the hospital was given 700 acres of good farm land. It was a new experience for the directors to ask community aid.

To start the drive a retired doctor gave \$20,000 with the stipulation that the hospital board raise, within a year, \$80,000 to erect an addition to cost \$100,000. If we were unable to raise this amount the \$20,000 would revert to the doctor.

With the stimulation of such a gift the board of directors immediately began discussion as to the manner in which a fund raising cam-

paign should be managed. The members of the board discussed the problem of engaging a professional organizer. Almost unanimously, it was felt that we would have a greater response by placing a local person in charge.

Consequently, a woman who had practiced law in Dixon for many years was engaged at a nominal salary to carry on the campaign. It was all done quietly; she called upon people personally who she or the board felt would be able and willing to help financially. To those who were not interested, she endeavored to point out the great need of the hospital.

In many instances the campaign was educational; heretofore, the hospital had always been self-supporting. It came as a surprise to the public that we needed help. Our manager called upon the directors of the industries, utilities' companies and other business houses.

By this time the various clubs were becoming interested and wanted

to do their part. The board mortgaged the hospital's farms for as much as possible as evidence to the community that we were willing to stand our share. At the same time the local newspapers carried a series of editorials concerning the overcrowded condition of the hospital and the aims of the directors.

The response was generous, much greater than was anticipated, and we attained our goal within a year.

Through our locally conducted campaign, we feel that we have made many friends in the community who have helped us and who feel that their donation is being used in the hospital where it was intended instead of a large percentage being paid out to an organizer. We also feel that with a professional organizer we would have been left with many pledges to collect from people who, under the stress of a large campaign, had pledged more than they could afford.

The greatest achievement of the drive is the number of friends that we have gained.

Return to Duty

Refresher Courses for Defense

MARY D. BURR

Chairman of Local Committee in Charge of Refresher Courses
New York League of Nursing Education, New York City

AS A result of the health problems so inextricably concerned with the national defense program, a group of new terms has appeared in the nurses' vocabulary: "refresher courses," "refresher nurses," "refresher instructors."

These special terms are so much misunderstood that it might be well first to emphasize what they do not mean. A refresher course is not one in which one can complete an unfinished nursing course or make up deficiencies in original preparation. A refresher course is not a means of providing additional nursing service for the hospital by unpaid nurses. A refresher nurse is not guaranteed a job but neither is she prohibited from taking one. The best way to get at the true definition is to investigate some of the courses in action.

The program of refresher courses began as a national project recommended by the nursing council for defense. It is a part of the total plan which, while striving to provide good nursing care for both military and civilian needs, also strives to hold to the hard won standards for selection of students and preparation for the nursing profession.

In times of grave emergency, such as these, the pressure for quantity production without sufficient regard for quality is great. The nonprofessional worker does not always see the danger; he sees the need for numbers. So do nurses see the need for numbers, but they realize that it takes time to prepare professional nurses. Leaders in nursing saw both the need and the danger of short cuts so they asked themselves, "Why not bring back our older women, already professional nurses, to fill this gap?"

That is where the need for refresher courses came in, for immediately it was recognized that women out of the actual nursing field for ten or even twenty-five years were not familiar with the modern knowledge and technics necessary to nursing today. Old skills would need to be regained and the newer ways to be learned. The basic learning would be there, however, and the problem

of the course would be to bring that learning up to date.

The National League of Nursing Education saw the opportunity to tap the large resources presented by the inactive graduate nurses—30,000 in New York State alone—and to utilize their services. At the same time it was realized that these nurses must be protected from exploitation of any sort.

As a specific example of how organization and function of refresher courses can be controlled, let us examine the plan of the New York state league.

The following points were decided upon by the curriculum committee. Each course approved by the league must provide at least 400 hours of instruction and practical experience, including definite material considered essential for all candidates. Each course must have a special block of instruction planned especially for the refresher group. Each institution must provide one person whose duty it would be to plan, correlate and direct this program. The institution giving the courses must be approved by the committee of the local league

The push for refresher courses is taking on momentum. Miss Burr tells us how the program is working out in New York

and all applications must be approved by this committee. The applicants must be graduate nurses in good standing, eligible for New York State registration and in good health. In addition, each school must have the right to require other qualifications in line with its previously laid down educational policies.

After completion of the course all candidates were to be given a certificate signed by the president of the New York state league and the director of nursing in the institution giving the course. The state league approved the plan of the committee. With the cooperation of the state nurses' association the machinery was set in motion.

The response was gratifying. In the area of Greater New York, for example, more hospitals than were at first needed signified their willingness to cooperate. More than 500 requests for information were received from interested nurses and the selection process began. Inquiries came from women who earnestly wished to help in this emergency and who knew that their best way was by returning to their own profession of nursing. Many were married and had the responsibilities of homemakers and mothers.

One woman whose boy was at camp said, "I can't care for my son in the Army if he should be ill. A younger nurse must do that. But I can get ready to release a nurse from her civilian job so that our Army camps may be manned!"

Two other retired nurses living comfortably on their incomes reported, "We cannot devote ourselves now to enjoying our pleasant leisure. We all have work to do. Our greatest usefulness will be in the profession for which we were trained—nursing! We wish to be ready to give our best service."

And another, "Why should I work at nonnursing tasks when by a period of reeducation I can take my place in my own profession? I want to serve in the work in which I have already shown my fitness."

So they came, these former nurses, some who had been in private duty, some in special fields, one an operating room supervisor of an earlier

day, another a former superintendent of nurses. Other applicants were motivated no less by their wish to serve best where service was needed than by the wish to return to nursing to earn a livelihood. And why not? Surely these courses can serve a dual purpose.

Of course, many applied who were not eligible. Some wrote for information and then failed to follow up by application. It calls for sacrifice on the part of those who plan to leave their homes and established routines of life to take up once more the time-demanding work of hospital nursing. Then, there are those who are no longer temperamentally fitted to resume nursing work. Many cannot see the emergency as here and now. They say, "If we were at war, but not yet."

Ill Health a Drawback

Ill health was another important factor in hindering enrollment. Many realized their physical inability. Some had minor health problems as the nurse who wished to apply on a trial basis, "if," as she said, "my feet hold out."

The physical examinations were searching. In several cases serious conditions were detected. A woman in her early fifties was found to have active tuberculosis and entered the hospital as a patient rather than as a nurse. Previously, she had not suspected this condition and her gratitude for the help and advice of the examining physician knew no bounds.

The movement got under way slowly, but the impetus is growing. The first courses started early in 1941. By July 98 nurses had received their certificates from the New York State League of Nursing Education.

Let us see how a typical course works out. At Lenox Hill Hospital the first group enrolled on March 10. Physical examinations were first in order. All applicants were asked to come to the hospital for complete health examinations and, of course, some eliminations occurred. Finally, 12 applicants were accepted.

On registration day the group was greeted and introduced to the instructors. The mechanics of the course was explained and arrangements were made for laundry, meals and hours on duty. Some adjustments were necessary. As all mem-

bers of the group lived outside the institution, the hours planned from 8 in the morning until 4 in the afternoon for five days weekly presented difficulties to some. Therefore, certain nurses agreed to come at 9 instead of 8, others to leave earlier in the afternoon to be at home when the children came from school. Plans were made for classes to be held when all were present and those whose hours per day were less arranged to continue the training for a longer period in order to meet the 400 hour requirement. On the first afternoon the hospital gave a tea to welcome the women in the refresher group.

Inspiration to Students

At the beginning of the course, the nurses felt strange, some of them were downright scared; things once familiar change greatly in a score of years. However, there are some things one does not forget; gradually the old skills came back. With this assurance grew and it became apparent that the added maturity of "refresher nurses," their keen interest and devotion to duty made them a decided asset to the nursing staff and an inspiration to the student nurses who worked side by side with them.

The special program included demonstrations and classes by nurse instructors and by physicians. Special experience on the medical and surgical wards was provided for the first half of the course. During this time a special review of materia medica and the mathematics of solutions was given as well as the discussion of new medications. Case studies were planned and the special treatments, such as oxygen, insulin and x-ray therapy, were discussed. The second half of the course was divided among special services, including orthopedics, gynecology, otolaryngology and neurology. Experience was also provided in the chest department and on the service devoted to gastro-intestinal conditions. Some option could be given here. If a nurse had a special need or unusual interest the plan was varied to suit the situation. Each one, however, received a well-rounded general experience with correlated class work.

The reports from those who completed the course show real satisfac-

tion. One writes, "Yes, indeed, our professional needs were met. Moreover, everything was done to make us comfortable, to prove our welcome and to develop a spirit of comradeship." Another states, "I wish to take this opportunity to thank the league for the consideration shown to older nurses and the restored confidence that only knowledge can give."

From the entire group the general trend of letters is the same not only regarding the course at Lenox Hill but regarding other courses as well. Altogether, only three letters of complaint were received by the New York City committee and these concerned the ever recurrent problems of laundry and food.

Returns Worth While

It seems decidedly worth while to continue the work. It costs the hospital something in money and certainly in time, but so does any good educational program. It yields returns by producing in the short space of months additional nurses well prepared to give nursing care. For the nursing profession the course, we believe, will help provide the necessary relief of an acute situation in the interim before our well-qualified schools can prepare the additional nurses needed.

This plan, if successful, will help maintain nursing standards of public service by providing good nursing through the emergency and in the years after it has passed. Financial allotment from the federal government may help provide more refresher courses, but whether such aid is available or not these courses are a vital link in the whole health chain and they certainly should be developed.

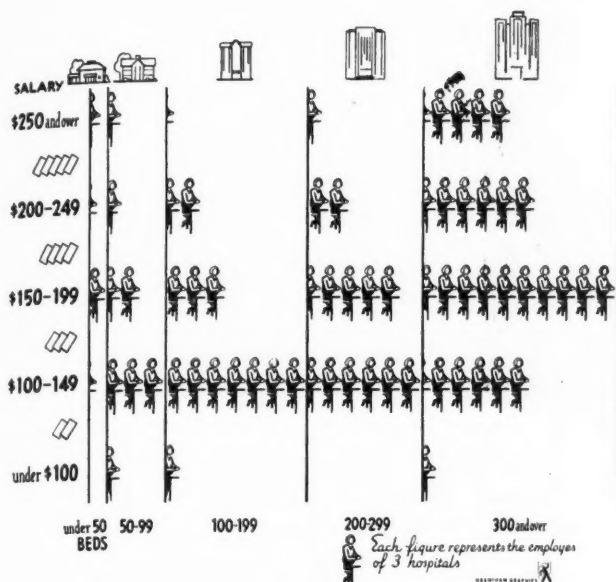
Already many enrolled in the first group are employed. Some of these nurses are available for only part-time work but their services can be utilized, as they are at Lenox Hill Hospital, by allotting two nurses to one position, each working half time and receiving half salary.

By making adjustments to the existing situations, refresher courses can be successfully planned as a period of reeducation for older nurses and these graduates can be used as a positive factor in meeting the problems of health maintenance in the defense program.

The Social Service Department

A Study of Salaries

ALDEN B. MILLS



Only 14 per cent of the hospitals covered in the salaries' survey indicate that they employ a social service director. Map below shows the average salary distribution throughout United States and Canada.

RELATIVELY few hospitals have social service departments that are large enough to justify the employment of a director, judging by the number sending in returns on the salaries of medical social service directors in The MODERN HOSPITAL'S salary survey.

Of the 1244 general hospitals that sent in reports that could be tabulated, only 178 reported a salary for the director of the medical social service department. Of these 83, or nearly one half, were in the Eastern states, although only 356 of the 1244 reporting hospitals are in this area. From these figures it is apparent that medical social service departments are much more frequently found in the New England and Middle Atlantic states than in other parts of the country.

The percentage of reporting hospitals that gave figures on the salaries of medical social service directors in each of the areas was as follows: East, 23 per cent; Middle West, 10 per cent; South, 11 per cent; Mountain and Pacific, 13 per cent, and Canada, 10 per cent. If only the returns from hospitals of 100 beds and over are considered, the percentages are increased substantially in all areas, particularly in the Mountain and Pacific states.

While those who are fully acquainted with the benefits of medical social service will be disappointed at such a poor showing, they may be

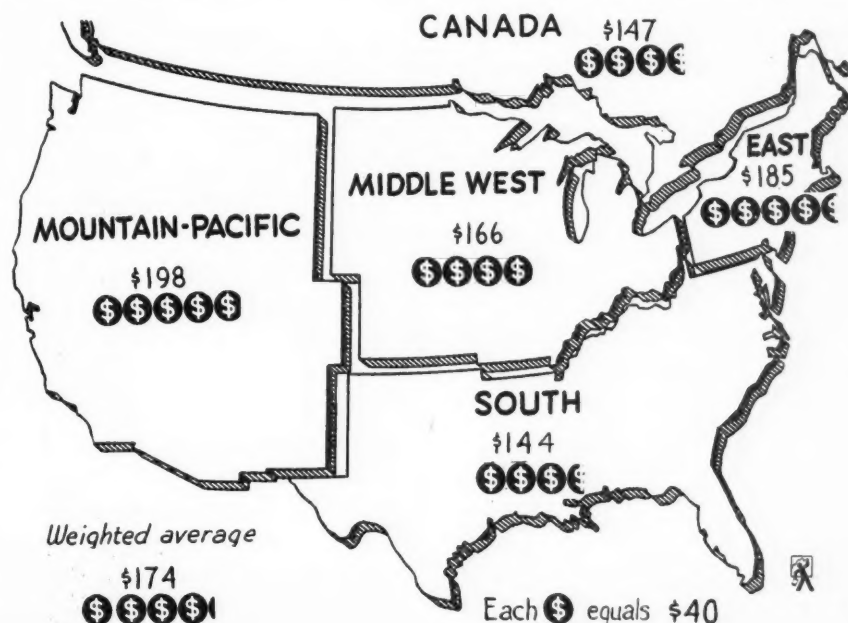
surprised to see how well the Mountain and Pacific states and the South measure up with the East. The Middle West and Canada are apparently the areas in which medical social service is at present not well appreciated.

It is obvious, of course, that the inauguration of a medical social service department in a hospital costs considerable money. It is not an earning department in the same sense that the pharmacy or a physical therapy department is. Hence, hospitals that are operating upon narrow budgets may consider that they are unable to support such a department. In similar circumstances, it has often

been possible to enlist the interest of the women's auxiliary in supporting such a department, particularly during the difficult early years of organization.

The salaries paid to directors of medical social service departments cover a wide range. One hospital in the East reported that it pays less than \$50 per month, including the value of maintenance, to its medical social service director. Another hospital in the East and a hospital in the Middle West each reported paying salaries of more than \$400. The average salaries, however, range from \$147 in hospitals of 100 to 199 beds up to an average of \$198 in hospitals of 500 beds and over. (The high average of \$190 for hospitals of 25 to 49 beds is based on reports from only five institutions and probably reflects unusual circumstances.)

The Mountain and Pacific states reported the highest salaries for hospitals of less than 200 beds; the South was highest for hospitals of 200 to 299 beds and the East was highest for hospitals of 300 beds and over. (Since only seven reports were received from Canada, the figures given herewith probably are not significant.)



Only 151 hospitals reported salaries for medical social service workers. The average income for such workers in all of the reporting hospitals is \$137. Two hospitals in the South reported salaries of \$50 to \$59 per month for medical social service workers. At the other end of the scale one hospital in the East reported a salary of \$180 to \$189 and five reported salaries of \$170 to \$179. The highest salary for this group, however, is more than \$200 and was reported by one hospital in the Middle West.

The average salary in hospitals of 50 to 99 beds (11 in this class reporting) is \$99. Then salaries move up steadily with the size of hospital to an average of \$110 for institutions of

Average Monthly Salaries of Medical Social Service Directors

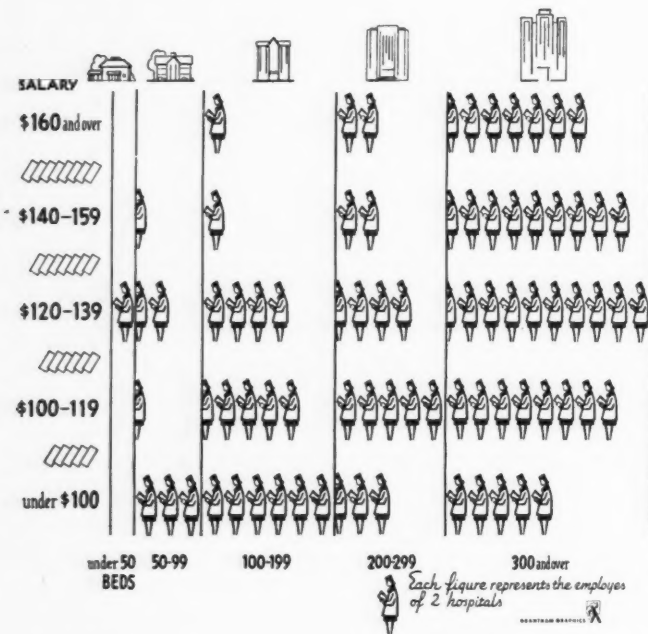
	Bed Capacities of Hospitals						Total
	25-49	50-99	100-199	200-299	300-499	500 and Over	
East.....	\$190 ²	\$147	\$156	\$165	\$218	\$233	\$185
Middle West.....	—	166	156	152	175	182	166
South.....	160 ¹	147	111	174	147	153	144
Mountain-Pacific.....	205 ²	305 ²	163 ¹	171	175	215	198
Canada.....	—	—	104 ¹	—	189 ²	139	147
Total.....	190	173	147	163	186	198	174

Average Monthly Salaries of Medical Social Service Workers

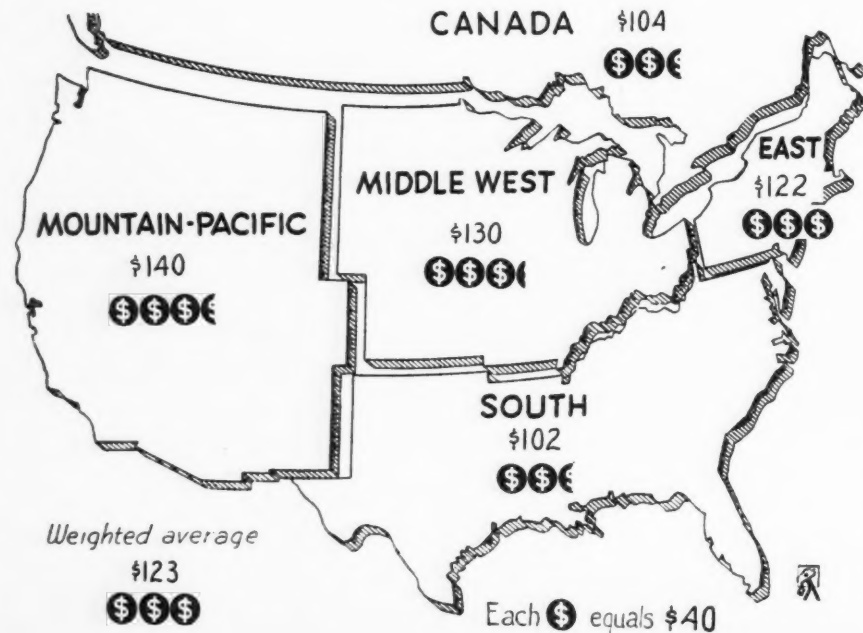
East.....	\$133 ²	\$101 ²	\$104	\$119	\$127	\$143	\$122
Middle West.....	—	95	130	140	133 ²	139	130
South.....	—	90 ²	102	102 ²	102	110	102
Mountain-Pacific.....	—	115 ²	125	141 ²	145	153	140
Canada.....	—	—	90 ¹	—	—	108	104
Total.....	133	99	110	124	122	137	123

¹One report received.

²Two reports received.



Mountain - Pacific states pay the highest salaries to social service workers, this survey reveals, although the figures show a wide range from a low of \$50 in the South to a high of \$189 reported by one hospital in the East.



100 to 199 beds, \$124 for hospitals of 200 to 299 beds, \$122 for hospitals of 300 to 499 beds and \$137 for institutions of 500 beds and over. (The \$133 reported for two hospitals of 25 to 49 beds in the East is doubtless due to unusual local circumstances.)

The Mountain and Pacific states pay the highest salaries for medical social workers in nearly every class of hospitals, with the Middle West close behind. Whether the salaries of social service workers are proportionately lower in the East because a larger proportion of the hospitals there have social service departments or because they are closer to the schools of social work that act as a source of supply is not clear. It is clear, however, that except in hospitals of 500 beds or over, the Eastern institutions are paying less for social service workers than are other parts of the country. (Only five Canadian hospitals report medical social service workers, too small a number to justify any conclusions.)

Medical social workers today are expected to complete one or more years of graduate training after the attainment of the bachelor's degree. Because there has been such a rapid growth in the need for social workers to handle relief and various other governmental aid projects, the supply of trained and experienced workers has not, for some time, equaled the demand. As the supply comes nearer to the demand, doubtless other hospitals will employ such workers because of the acknowledged values they bring into hospital service for both in-patients and out-patients.

Records Exacted Painlessly

DORIS GLEASON, R.R.L.

Medical Record Librarian, Columbia Hospital, Milwaukee

THE problem of obtaining complete and accurate medical records confronts every medical record librarian and varies with the type of hospital. However, no matter what the size of the hospital, complete records cannot be obtained unless the entire staff is made record conscious and until a spirit of cooperation is developed among the different departments.

During the last year, we have worked out a systematic plan that is proving to be of great assistance in obtaining accurate and complete records which in the future will be useful in furthering medical science and in protecting the patient, the hospital and the doctor and which will meet the requirements of the American College of Surgeons. This policy, I believe, could be carried out successfully in most hospitals.

Orient the Intern

Experience has taught us that the new intern often has been given only a limited amount of practice in writing complete case histories. When he is confronted with the task of writing a history and physical examination report in a strange place with a strange chart form he does not know where to begin. Only an intern thoroughly familiar with the requirements of the medical record department can write a history of quality rather than of quantity. Therefore, on his first week of so-called orientation the intern and his colleagues are taken on a thorough inspection tour of the record department. Case records completed by their predecessors are shown to them and each chart form is explained in detail. Regulations regarding their part in the obtaining of the record are discussed with them and an attempt is made to explain the value of their records upon medical science. This visit familiarizes the intern with what is expected of him in regard to the record department and it opens a path whereby he may discuss any record problems he may have.

We found from consulting our interns that they often felt the time spent on recording complete histories was wasted. Although they realized that any record sometime might be useful in research studies of a particular disease, they were discouraged because the records were not more effectively utilized in the actual treatment of patients while in the hospital.

To remedy the situation, we have the following policy at work: a stamp bearing the words "excellent," "good," "fair," "poor" and "additions" is carried by the record librarian when she makes her morning rounds and is impressed on each completed history sheet. The attending physician is requested to indicate his evaluation of the chart by checking one of these classifications in the allotted space, placing his signature on the sheet. This, we have found, has stimulated interest among both interns and attending men. An intern who receives a grade of "fair" or "poor" because he neglected to include the social history or because he wrote left arm instead of right arm is not likely to make the same error twice.

We experienced some difficulty at first in getting the physicians to remember to check the histories. This was easily solved by placing a slip of paper bearing a notation "please grade the intern's history" on the front sheet of the chart. This procedure now has become automatic with the general staff and it is necessary only to place the reminder on the cases of new members who are unfamiliar with the hospital regulations. This plan has worked out so well that now, instead of relying upon their office reports for the complete histories, some of the doctors are requesting that copies of our histories be supplied for their files.

The medical record librarian makes rounds on all of the floors each morning and carefully checks the charts. If an intern has not recorded a history on a patient within twenty-

four hours after admission, she makes a note of it and upon returning to the record room makes three carbon copies of the unfinished histories and physical examination records, including the room number of the patient and name of the intern responsible for the history. One of these copies is placed in the superintendent's office, one in the interns' quarters and one in the record room.

If the history is not completed when she makes her rounds the following morning it is again reported to the superintendent who, in turn, gets in touch with the intern; needless to say, the history appears on the chart the following morning.

Records Are Educative

We have attempted to make our record room an educational center for the interns. The charts of the patients dismissed during the previous week are kept in a separate file in the department and every Thursday afternoon a record conference is held by the residents and interns. Prior to this meeting the intern has completed the summary sheet on the chart and his charts are ready for inspection. At this conference the surgical resident takes charge of the surgical interns and the medical resident takes charge of the interns on medicine and obstetrics. The residents go over the charts carefully and the need for any additional progress notes or dismissal notes is called to the intern's attention. When the charts have been completely checked the interns are permitted to pick out for discussion the cases that were of most interest to them. These conferences have proved an incentive for accurate histories and physical examination reports. It is only after these charts are checked as being complete and analyzed that the medical record librarian begins her task of indexing and filing.

The above mentioned procedures, it is true, require a great deal of time and energy on the part of the medical record librarian; however, they enable her to file her charts with the assurance that they contain complete and accurate information.

Handling Contaminated Linen

THE problem of handling contaminated linen is a serious one in many hospital laundries. In addition to the usual processing to assure general cleanliness, proper color and, in some instances, fluff, the factor of contamination requires that the worker be protected against the organisms harbored and that the finished product be made free from organisms of any possible pathogenic significance. Also, the technics thus imposed should be of such a nature as to produce the minimum deleterious effects upon the condition and usefulness of the linens. The intensity of these problems is obviously in direct ratio to the volume of contaminated laundry handled.

Prior to 1938 the University of Iowa Hospitals handled linen from its contagious disease service by boiling it for a period of fifteen or twenty minutes. It was then passed through a hand wringer, placed in canvas bags and sent wet to the university laundry.

This system presented many undesirable aspects. During the winter months when necessity might cause extension of isolation practices to additional hospital wards, the isolation ward facilities for handling this bulk of linen were overtaxed. The boiler was frequently overloaded and, on occasions, *Staphylococcus aureus* was isolated from the water after the linen had been removed. On another occasion *Eberthella typhi* were cultured from marked linen placed in a heavily loaded boiler and processed for twenty minutes with the water at boiling temperature.

In addition, boiling may be harmful to the linens. This is particularly true if colored garments are boiled with the white ones, as dyes frequently run at boiling temperature. Discolored white linen, if it is to be made of further use, must be subjected to drastic processes for stain removal. The oxidation reactions of

the hypochlorite bleaches change the cellulose of the cotton or linen to a weaker, degraded oxycellulose with a much reduced period of usefulness. Initial boiling also sets blood and albuminous stains permanently with the result that linens must be discarded. Woolens, because of shrinkage, matting and occasional discoloration, are also damaged by boiling.

Other equally undesirable aspects of the old system were that valuable isolation space was required, the arrangement was not flexible enough to accommodate peak loads, additional help was often required and the process as carried out was in definite contrast to the usual meticulous isolation procedures.

In the fall of 1938 new isolation laundry technics were instituted. The problem of collection of the contaminated linen, the mechanics of handling it in the laundry, the redistribution of the returned clean linens and the protection of the personnel involved were worked out jointly by the members of the administrative nursing staff, the manager of the university laundry and the hospital epidemiologist.

In the patient's room, the standard sized 30 by 40 inch knotted mesh bag without top draw-string is placed within the regular muslin bag suspended over the metal hamper ring. For easy handling by the nurse who removes the bag and by the janitor

RALPH H. HEEREN, M.D.,

who uses a metal hook to place it within the canvas collecting basket of 6 bushel size, the mesh bag is filled only about three fourths full. A clothes pole is used more for arranging the bags in the basket than for packing them into it.

The collecting baskets are designed with removable canvas bodies held in place by metal eyelets inserted over lugs welded to the metal frame of the basket. A heavy canvas top is also used and is held in place by the same lugs and hooks used to fasten the body of the bag to the frame. The procedure of filling these baskets is such that the outer surfaces are not contaminated.

As we consider the floor throughout an isolation area contaminated, the baskets are never removed from the clean platform of the hand truck. Thus, without danger to the worker, they may be sent to the general collection room to be loaded onto the laundry truck with other linen.

Contaminated linen from services other than isolation is handled in much the same manner. The mesh bags are placed inside blue denim bags, indicative of contaminated linen and used for that purpose only. These are taken to the isolation service where the janitor trained in isolation technics sorts the white from the colored linen. This sorting



Doctor Heeren is now associate professor of preventive medicine, Tulane University. Mr. Bradley is manager of the University of Iowa laundry and Miss Taylor is nursing supervisor on the isolation service, University of Iowa Hospitals. Acknowledgment is due to Richard Lane of Poughkeepsie, N. Y., for counsel in the selection of equipment.

in the General Laundry

L. A. BRADLEY and ELOISE TAYLOR, R.N.

process is the only step in the entire procedure wherein anyone other than the floor nurse handles the linen. Yellow tags placed on the baskets signify colored isolation linen to the staff at the laundry.

The contaminated linen arriving at the laundry is placed on a chute which deposits it in the laundry receiving room. The baskets are then weighed and taken to the wash-room. The cover is removed from the basket, the mesh bag is lifted out and swung into the washer by means of a pair of brass tongs. After the loading of the chosen washer is completed, the tongs are placed in a container filled with hot water to which 2 quarts of 1 per cent bleach is added for the purpose of destroying any pathogenic organisms on the tongs.

The white work formula consists of three suds, four rinses, a blue and a sour bath. For colored garments, temperatures are not allowed to exceed 140° F. and no bleach is added; otherwise, the formula is identical with that for the white linen. After having been removed from the washer and the dryer, all linens are either fluff-dried for twenty minutes at temperatures well over 160° F. or are ironed at 330° F.

The canvas containers and tops are freed from infectious organisms in

hot tumblers run for thirty minutes at 160° F. To prolong their period of usefulness they are washed once a week rather than daily. The clean laundry is returned to the central linen room at the hospital, sorted, folded and returned to the isolation service.

Although it is felt that the nurse handling the linen in the patient's

White Work Laundry Formula

Procedures	Water (Inch)	Time (Min.)	Temp. (Fahr.)
Suds.....	7	5	120°
Suds.....	10	5	150°
Suds ¹	5	5	160°
Rinse.....	12	3	180°
Rinse.....	12	3	180°
Rinse.....	12	3	180°
Rinse.....	12	3	140°
Blue Bath.....	12	4	Cold
Sour Bath ²	5	4	Cold

¹Two quarts of 1 per cent bleach per hundred pounds of clothes is added to the third suds. Bleach should not be added at temperatures higher than 160° F.

²A neutralizing bath with a mild acid (sodium acid fluoride, commercial grade), prevents yellowing of the linen and has germicidal value.

room is the last person coming into contact with it, as far as is possible the laundry workers are protected by instructions in personal hygiene and by immunizations. This is done for two reasons: (1) there may be an infrequent break in technic at the laundry; (2) more frequently, a patient may be admitted to the hospital

and remain for a period on an unisolated service before an infectious condition is suspected.

All laundry workers are given a thorough pre-employment physical examination. Smallpox vaccination is done if the employe has not been vaccinated within five years. Typhoid immunization is carried out and repeated at three year intervals. Diphtheria and scarlet fever immunizations are carried out on workers giving positive Schick and Dick tests. Positive tuberculin reactions are checked by chest plates. Workers are encouraged to remain away from work while ill and may return only upon a doctor's recommendation.

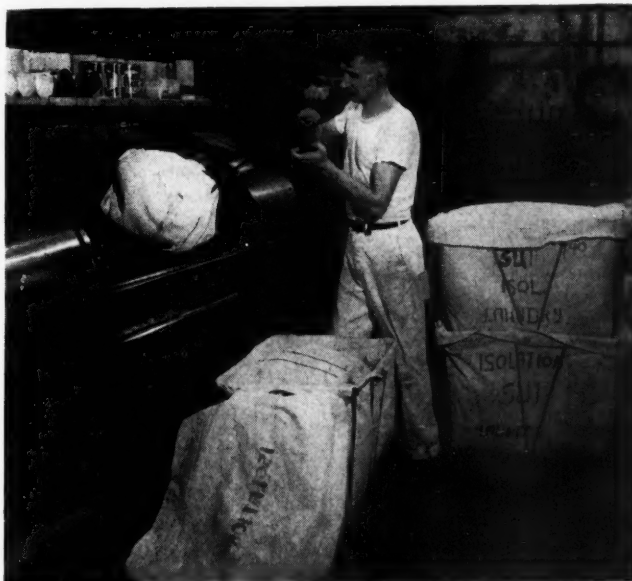
Research conducted by the American Institute of Laundering has definitely shown that these wash formulas will destroy bacterial life except for certain extremely resistant spore formers which are not of pathogenic significance. Our laboratory tests run on both white and colored linens corroborate the institute's findings. Although temperatures of 180° F. and 160° F. are attained for the white and colored wash, respectively, and the wash period consumes approximately sixty minutes, fluff-drying and ironing temperatures are additional safety factors.

In addition to the above mentioned laboratory findings, safety is attested by success during the three year period that the system has been in operation. Close epidemiologic scrutiny fails to reveal any infection resulting from the contaminated laundry either in those handling it in the hospital or laundry or among patients using it after processing.

Costs have been reduced. Direct savings have been made by eliminating one linen handler from the isolation unit. Indirect savings occur as comparatively little linen now has to be discarded. Fixed stains and other discolorations are also greatly decreased.

The system is flexible. Although it was designed to accommodate a volume of approximately 12,000 pounds of linen per month, it can easily be expanded to double or triple this volume.

This series of photographs shows the progress of the contaminated linen from the time the floor nurse places it in the canvas bag until it is deposited in a laundry washer.



Binghamton City Hospital Adds N

CONSTRUCTION DETAILS

GENERAL DATA: New 113 bed addition to Binghamton City Hospital, Binghamton, N. Y., chiefly for private patients. Contains 155,000 cubic feet.

CONSTRUCTION: Fire resisting, with steel frame and brick exterior walls with limestone trim. Floors, concrete slabs on metal joists. Partitions, terra cotta tile. Casement windows, doors and frames, metal.

FLOORING: Workrooms, toilet rooms and bathrooms, terrazzo. Patients' rooms and corridors, rubber tile.

WALLS: Interior walls, plastered. Workrooms, toilets and bathrooms, ceramic tile wainscoting. Corridors and solariums, matt glazed tile tinted with light colors.

CEILINGS: Plaster with acoustic tile in corridors and workrooms.

VENTILATION AND AIR CONDITIONING: Patients' rooms on sixth floor, completely air conditioned (heated, cooled and humidified) by two units separately zoning north side and south side rooms. Central system is located

in roof penthouse. Condensing unit, four cylinder reciprocating compressor providing 200,000 Btu. per hour cooling capacity.

HEATING: Extension of low-pressure vacuum steam with which the other buildings are heated.

LIGHTING: Special patient-controlled fixture with two lamps, one throwing light toward the ceiling and away from the patient, and the other, separately switched, throwing the light directly down for reading or examination.

CALL SYSTEMS: Light and sound annunciators.

ELEVATORS: Two automatic, hand operated, self-leveling double door elevators. Speed, 350 feet per minute.

REFRIGERATION: Separate refrigerating units for each floor with separate compartments for individual rooms on the upper floors.

COSTS: Total cost, \$425,500, including equipment and some alterations in the other buildings. Financed by P.W.A. grant and city bond issue.

JEROME F. PECK

Administrator
Binghamton City Hospital

AS WILL be seen from the aerial photograph, Binghamton City Hospital has a sizable plant. Building No. 10 in the view at the right is the new Doctors' Memorial Building.

This new building has been erected to satisfy the increasing demand for private rooms. The six floors are given over largely to private patients, although in certain rooms on the first and second floors from two to four patients can be accommodated.

The fifth and sixth floors contain three private rooms with connecting baths. The sixth floor is completely air conditioned.

In the basement of the new unit the doctors are provided comfortable



ds New Unit

WALTER H. WHITLOCK

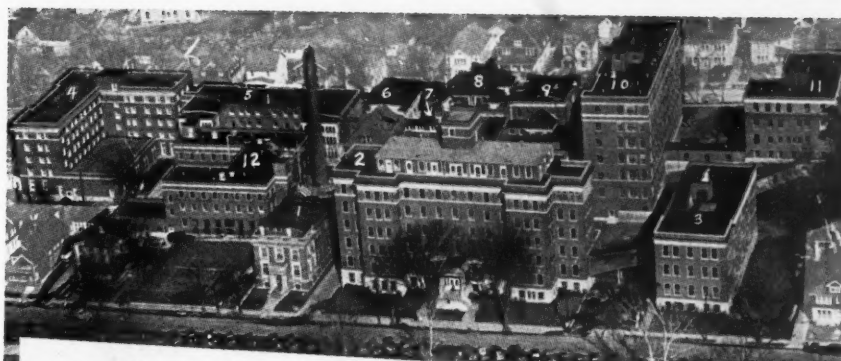
Architect
Binghamton, N. Y.

quarters. These consist of a recreation room with adjoining kitchen and a large lecture room for educational purposes.

Although the new building will use the general kitchen facilities of the city hospital plant each floor has a separate diet kitchen or serving room.

The hospital proper has excellent x-ray equipment so that the only special arrangement in the new building was the installation of plugs for use with a portable x-ray machine.

While the Doctors' Memorial Building was in process of construction, an entirely new main diet kitchen to serve the entire hospital was built.



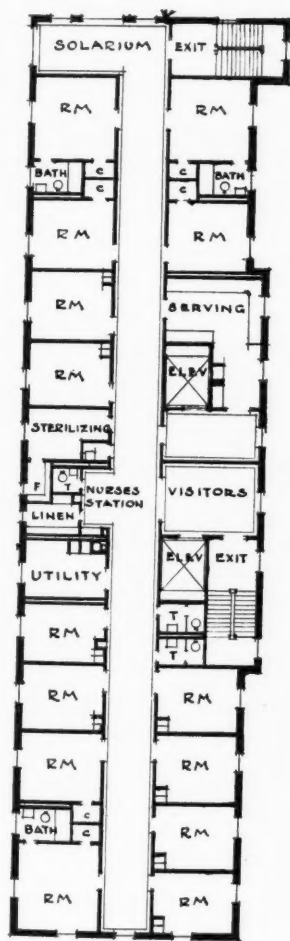
BINGHAMTON CITY HOSPITAL

1. Kilmer Pathological Laboratory
2. X-Ray, Physiotherapy, Clinics, Wards
3. Grummond Pavilion
4. Phelps Hall
5. Johnson Hall
6. Resident Staff House

7. Operating Rooms
8. Private Rooms
9. Administration Building
10. Doctors Memorial Building
11. Maternity Building
12. Laundry, Power Plant, and Work Shop



PUBLIC WAITING ROOM



FIFTH AND SIXTH FLOOR PLANS



SOLARIUM



Traditional capping ceremony by candlelight in the school of nursing, Jewish Hospital, St. Louis, is shown in the accompanying photographs. At the beginning of the rites the candidates, uncapped, are flanked by student nurses. The five girls garbed in long white gowns represent spirits symbolic of the educational, the spiritual, the social, the physical life and the school itself. As the ceremony progresses, each spirit addresses the group and the light is passed from student to student. Reception of caps signifies the termination of the five month pre-clinical training course and marks acceptance in the hospital's nursing school.

*Photographs courtesy of the
St. Louis Post-Dispatch*



The Administrator's Wife

R. D. BRISBANE

Superintendent
Sutter General and Maternity Hospitals, Sacramento, Calif.

THERE is an oft-told tale of a famous educator being offered a considerable sum by a national magazine for an article entitled, "Advice to Young Men About to Be Married." He replied, "Don't."

The same advice perhaps should be followed in writing about any subject as full of pitfalls as "the administrator's wife." But for the sake of their introduction to hospital literature, something should be said of these "silent" partners of such a rapidly expanding profession.

Aside from the usual male classification of women as blondes, brunettes and redheads, wives of hospital men should be classified further according to origin, such as: lay women, nurses, technicians, actresses; also as to marital status: homemakers, superintendents of nurses, golfers, entertainers.

Must Be Understanding

Besides being the usual foil for her mate's peculiarities and temperament, mothering him when ill, petting him after a call down by No. 1 patron physician, getting up at two in the morning to find the milk of magnesia for his tummy after too good a time with the boys, seeing that he has his meals regularly in spite of hospital interruptions, she must, above all, be understanding.

As all women know, all men are "misunderstood" at some time in their lives. But hospital superintendents are "misunderstood" all the time. Living in a preponderantly feminine atmosphere, they are subject to the criticism not only of the female employes but also of women as women. What man can meet the ideals of 100 women, or even 10, as a good administrator? He is a thousand things he should not be; and if he tries to do his level best, like the ancient Athenian, he finally is ostracized because everyone gets tired of hearing him called "the Just." His lay companions at the club think he must be a devil with the ladies; his wife's acquaintances are sure he is

After 40, senility is supposed to set in, culminating in the final dissolution when he is retired.

Therefore, we say, without fear of contradiction, that it takes a woman of consummate poise and breadth of mind to be an administrator's wife, a woman who can disregard all the gossip she hears and the well-timed sympathy of her friends concerning her husband's public or private life.

Some wives of professional standing take no chances; before the bridegroom recoils from the first "yes," he finds his wife has become the superintendent of nurses—or something. In this manner the administrator can be brought up to feed out of her hand most any time. It always reminds us of a kicking, biting little mare that will stand in the middle of a corral and keep a remuda of 40 horses on the jump. Anyway, all the employes know who's boss. For any woman in such a position, hers "is the world and everything that's in it," and for the sake of euphony we might add, "and what is more she'll be the man, my son." Her husband's plight is never mentioned by his peers of the profession except after the third drink when man sympathizes with man.

Wives as Business Associates

At any rate, the man in daily conference with his wife in business, whether she has charge of the nurses or is cashier in a restaurant he runs, soon loses that requisite domestic element of change, suspense and pleasant surprise without which marriage becomes a humdrum squirrel wheel. He rarely comes home to his favorite dessert prepared by wifely hands or to a kiss by a cool, refreshing, chiffon gowned, mature edition of the girl he married. And he never receives the stimulation of the homey chit-chat over the dinner table about the children's latest sayings, the report on golf or bridge scores or the progress of the flower garden. When he comes home late at night he even is denied the exciting experience of

falling over the newly arranged furniture after the spring and fall house cleaning.

There are two schools of thought about wives. One tells the little lady everything. "Definitely," as the kids say. The other tells her nothing. Good arguments can be mustered for both sides.

After due contemplation and consultation with the oracles, our judgment would lean strongly to the latter decision, except for amusing trivia to lighten dinner conversation about the guest who jumped out the window or the explosion of an anesthetic gas in surgery.

Seriously, however, no matter how close mouthed the good wife may be, one chance remark of hers flavored with gossip brought home by the man of the household may make plenty of trouble in betraying some professional confidence. This is one profession in which the less the administrator's wife knows of the hospital and its daily problems, aside from what may concern the future of both man and wife, the better for all concerned.

Her Place in Society

According to her talents and tastes the administrator's wife can take her place in the community. In the smaller center, she will engage in much the same activities as the minister's wife, especially if connected with a denominational hospital. In the larger community, she will live her own life the same as the wife of any business man, with the hospital building up its patronage by good care, food and courtesy, instead of on the social contact basis.

Education she undoubtedly should have, but not too much, for few women can stand to be better educated than their husbands.

She must have refinement and poise, knowing when to leave the company of a group of men as well as knowing when her presence is needed. Being like Mary's little lamb is humiliating to any man, but sometimes it is forced upon him, as in the case of one executive who when, after much deliberation, his trustees

approached him with the suggestion that his wife be left more in the background quietly replied that he welcomed the suggestion because that had been his conviction for the last twenty years!

When the last hospital has been dedicated and opened to the public, when the profession of hospital administration has become stereotyped to a perfect science, when national and sectional meetings are held only for pleasure because there is nothing new or interesting to talk about in medicine or management and when, by their associations, institutes or colleges, administrators have raised their social status at least to equal that of the M.D.'s, there is not the slightest doubt but that the wives of these

paragons still will depend upon their own unreasonable womanly intuition for everything they should think through to a logical conclusion and that they will be just as exasperating, lovable, capricious and cooperative as they now are.

Some day when peace again reigns over all the world and 20,000 representatives of hospitals gather in the Hollywood Bowl from all over the globe to be addressed by the president of the rejuvenated League of Nations, with tears in all eyes as they think of the reign of war at last over (for another twenty years) and they all stand to sing "God Bless America," some administrator's dear little wife is sure to say, "John, dear, I've dropped my gloves somewhere!"

as "Social Diseases and Their Control," "How Safe Is Childbirth?" and "Vacation Hazards."

Several methods of publicity have been used in bringing these lectures to the public. First of these is the steering committee, composed of two doctors from the hospital medical staff, one representative from the Junior Chamber of Commerce, one member of the medical auxiliary and the presidents of the following organizations: Local Social Agency Board, Assistance League, Junior Charity League, Health Division of the Woman's City Club, Parent-Teacher Association, the Presidents' Club. The superintendent of the hospital is also a member of this committee.

The steering committee meets once a month and formulates definite plans for the coming lecture. Each member is responsible for getting publicity to his or her individual group and assigning duties within that group. For instance, each member of the women's medical auxiliary asks her husband to give her from five to ten names of patients who he thinks might be interested in each particular lecture. She, in turn, calls these people by telephone and without mentioning her name tells them Dr. So-and-So thought they might like to attend the lecture on "Pneumonia and the Common Cold" at Seaside Memorial Hospital.

Newspaper and radio publicity and the placing of placards in downtown stores are also handled by members of the steering committee. Besides this, the Junior Chamber of Commerce and the Assistance League give some of their regular radio time to the lecture and the local radio stations give spot announcements.

Printed programs of the current lecture are given the 270 members of the hospital medical staff each month; these are distributed through the doctors' offices. A mailing list of several hundred names has been compiled and these people are notified of each lecture.

The public relations committee has been pleased with the results of their efforts. When the same people come month after month armed with notebooks and pencils and linger around the display booths asking intelligent questions for an hour or so after the program ends it shows a thriving community interest.

Teaching the Public

IRMELA M. WITKE

Superintendent, Seaside Memorial Hospital, Long Beach, Calif.

THE rôle of the hospital as an educational unit is gradually expanding. In an effort to bring before the public recent advances in the study and treatment of disease the Seaside Memorial Hospital, Long Beach, Calif., has inaugurated a course of monthly medical lectures and demonstrations.

The public relations committee of the hospital medical staff assumes entire responsibility for the project. Members decide the subject for discussion, select speakers from the medical staff and arrange for motion picture films and booth displays of materials illustrating the talks.

"Pneumonia and the Common Cold" was the title of the first lecture. The subject was discussed by two members of the medical staff and a movie was shown. This was followed by booth demonstrations of illustrative materials explained by hospital department representatives. The pharmacist displayed medicines and various biologicals used in treatment of these diseases. The dietitians set up trays to show feedings at different stages of the progress. The physical therapist demonstrated diathermy and inductothermy machines and heliotherapy lamps. Members of the nursing department explained and demonstrated oxygen machines and treatments.

The second lecture was on cancer. After the talks were completed, the visitors were shown x-ray films picturing different types of cancer, such as chest, bone and breast. The chief pathologist and the tissue technician explained with illustrations all the steps necessary in the making of a complete tissue slide, and allowed those who wished to look at the slide through the microscope and the microprojector. Radium in its various forms was on display. The deep x-ray therapist took the guests on a ward walk and explained the operation of the deep therapy machine.

The theme of the third lecture of the series, "Eat to Keep Well," was the balanced diet. The subject was approached from three angles, protective foods, vitamins and minerals. A film on vitamins was shown and a mimeographed sheet of the ten commandments of the normal diet was given each visitor. Food and placards arranged on a table explained how to incorporate the protective foods into the daily menu. This meeting ended with a demonstration of the ways of cooking to help retain the essential vitamins and mineral salts. The fourth lecture was called "The More Abundant Childhood."

Civic organizations of the city are sponsoring certain of the series, such

Are Inclusive Rates of Value

ARTHUR J. GEIGER, M.D.

and MASSIMO CALABRESI, M.D.

Assistant Professor of Medicine and Research Fellow in Internal Medicine
Respectively, Yale University School of Medicine

in Electrocardiography?

HAS the inclusive rate plan led physicians to be wasteful in ordering electrocardiographs?

In the last twelve years the electrocardiographic laboratory of the New Haven Hospital and Dispensary has increased its annual output of electrocardiograms more than fivefold. Among the contributing factors, two are at once apparent: (1) published statistics indicate that mortality from heart disease, and presumably morbidity also, rose almost 20 per cent during that period; (2) the number of patients admitted to the hospital and treated in the dispensary has approximately doubled and this increase has been largest among the medical admissions who have accounted for about 75 per cent of all electrocardiograms taken.

It is obvious, however, that these factors alone can explain not more than half of the increased demand for service; this is confirmed by the figures in table 1 which reveal that the annual ratio of electrocardiograms taken per hundred patients has more than doubled during the twelve years. A perusal of figure 2 suggests a third and important contributing factor. It is noted that the largest increase in demand has come from the private divisions (black bars), while requests from the wards (white bars) show little change.

These facts are circumstantially related to the introduction of an inclu-

sive rate plan in 1939, under which arrangement all conventional diagnostic laboratory services became available without additional cost to the individual private patient; ward patients had never been subjected to an extra charge for electrocardiograms.

The immediate increase in electrocardiographic service to private

ment the conventional limb leads has probably been the greatest single clinical advance in electrocardiography in the past decade, yet a particular inquiry has revealed that in only about 3 per cent of the examinations do chest leads contribute more than is already apparent from the limb lead records; neither this nor any other new developments would have called for a greatly increased use of electrocardiography.

Table 1—Annual Ratio of Electrocardiograms per Hundred Patients

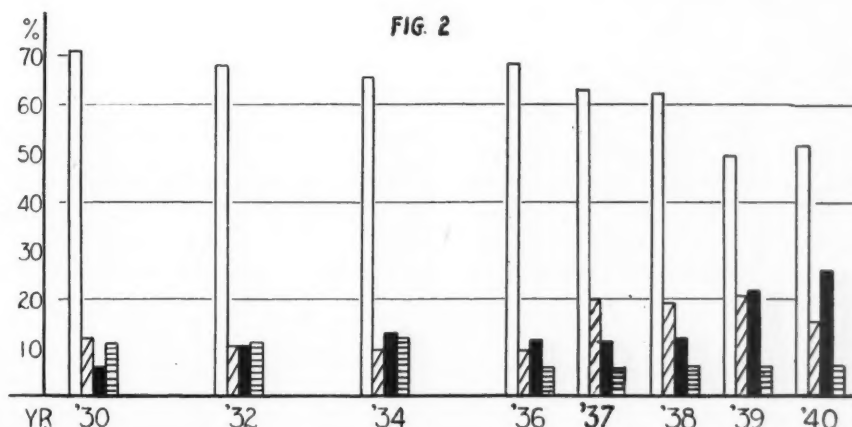
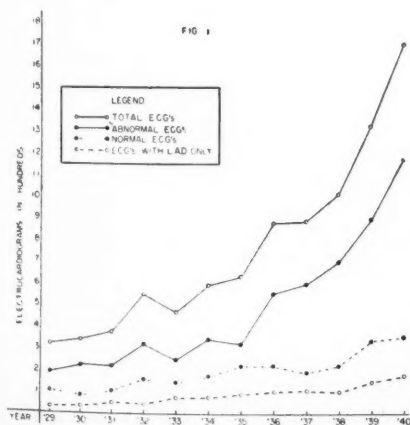
	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Total Hospital and Dispensary	2.08	2.08	2.04	2.58	1.75	2.18	2.47	3.55	3.75	4.00	5.21	5.83
Medical Ward and Dispensary Only	15.5	14.5	13.3	17.8	14.4	15.4	19.1	27.3	26.3	29.5	35.7	38.9

patients from 1939 onward is partly an effect of the freedom of requisition under the inclusive rate plan and partly a result of an increase in the number of private patients admitted, for the operation of the plan has proved popular with both patients and physicians and has been followed by a practically continuous and almost maximum occupation of private hospital beds and facilities.

While it is acknowledged that electrocardiographic science and its clinical application have made some progress in the past decade, such advances could certainly not account for an almost threefold increase in employment of this laboratory aid. For example, the introduction of chest leads in clinical practice to supple-

Probably education and a growing clinical interest in electrocardiography among house and attending physicians account in considerable degree for the increasing call for this method of examination. Thus, the disproportionate increase in requests from the dispensary in the last two years (figure 2) is known to be a direct expression of the teaching enthusiasm of a full-time instructor who was placed in charge of the medical clinic in 1937; the fact that a full-time physician was given control of the cardiographic laboratory in 1936 may account in part for a stimulated interest and abrupt increase in electrocardiographic service that began at that time (figure 1 and table 1).

In the face of such a large and



steadily rising demand for a laboratory service in relation to the number of patients studied, it is pertinent to inquire whether the augmented laboratory output is being accomplished at a relative loss in clinical value for each hundred electrocardiograms made, to determine whether any data of importance are contributed by the added interest and effort and to consider whether such additional information justifies the greater cost and the heavier tax on the laboratory facilities and personnel.

Answers to these questions were sought by acquiring information under the following three headings:

Relation Between Increasing Use of Electrocardiography and Proportion of Normal and Abnormal Records Obtained. It is apparent from figure 1 that as records were obtained more and more generally, the proportion of abnormal tracings not only rose steadily but practically paralleled the increase in the total number of records for each year, while the figures representing normal tracings showed a much more gradual ascent.

The implication is that the steadily growing use of this laboratory aid has not been wasted upon patients without heart disease. However, the proportion of normal to abnormal records is not strictly indicative of the clinical usefulness of the examination, for a normal result may often help to exclude heart disease, while an abnormal result may simply corroborate what was already known from other clinical observations. Whether the augmented laboratory service actually contributed anything of real significance to the clinical study of patients seemed to be the next logical question.

Estimation of the Clinical Value of Representative Groups of Electrocardiograms During a Year of Small Demand as Compared With a Year of Large Demand. One hundred electrocardiograms, evenly distributed throughout the year 1934, were studied carefully and each was appraised as to its clinical value and justification in relation to the case for which it was obtained; another hundred records were similarly appraised for the year 1939, when the demand had approximately doubled that of 1934. The interesting trends that were revealed by this study are shown in tables 2 and 3.

It is noteworthy that in the year of greater demand the proportion of clinically helpful records was definitely larger and that there was only about half as many seemingly unjustified records. The differences, though small, are significant in that they reveal a tendency in a direction opposite to that which would be

Table 2—Evaluation of Electrocardiograms in Two Contrasting Years

<i>Class and Evaluation</i>	<i>1934 100 ECG's</i>	<i>1939 100 ECG's</i>
Diagnostic*		
Unexpectedly Normal.....	0	2
Unexpectedly Abnormal.....	16	12
Total.....	16	14
Helpful		
Normal.....	5	7
Abnormal.....	34	40
Total.....	39	47
Unhelpful		
Normal.....	14	20
Abnormal.....	31	19
Total.....	45	39

*Diagnostic in sense that unexpectedly new clinical data of importance resulted.

expected if the greater use had not been profitable.

Again, it appears that the increased utilization of this service had not been dissipated on irrelevant clinical problems. The question that naturally followed was whether a significant amount of cardiac abnormality was being overlooked through the practice of obtaining electrocardiograms only when they seemed clinically indicated. The following study was undertaken.

Inquiry Into the Value of Routine Electrocardiography. Electrocardiograms were taken on 300 hospital and 100 dispensary patients on whom tracings would not otherwise have been requested. The case history pertaining to each of the 400 tracings was searched for data and opinions bearing on the presence or absence of cardiovascular disease. The results

Table 3—Justification of Class III (Unhelpful) Electrocardiograms During a Year of Small Demand and a Year of Large Demand

<i>Year</i>	<i>Group</i>	<i>Justified</i>	<i>Unjustified</i>
1934 (45 ECG's)	A (normal).....	10	4
	B (abnormal).....	20	11
	Total.....	30	15
1939 (39 ECG's)	A (normal).....	17	3
	B (abnormal).....	14	5
	Total.....	31	8

of this inquiry showed that while 109 (27 per cent) of the electrocardiograms were definitely abnormal, some abnormality might have been expected on other clinical grounds in 60 of these (15 per cent) but was an entirely unexpected finding in 49 (12 per cent) of the patients examined. Another interesting discovery was that definite abnormalities occurred in 14 (10 per cent) of the 135 subjects less than 30 years of age whose histories, physical signs and clinical impressions gave no suggestion of cardiovascular disease.

Another study was concerned with the electrocardiographic examination of 50 patients, all less than 45 years of age, who were hospitalized with common acute infections (chiefly pneumonia, scarlet fever, acute tonsillitis and pharyngitis). Records were obtained at intervals of several days during the acute illness and convalescence. Thirty per cent of the group revealed definite abnormalities of a transient nature in their tracings, yet none of these patients had a history or physical signs of cardiac or vascular disease. The electrocardiographic evidence was the only indication of presumable cardiac complications.

It appears that the routine employment of this laboratory aid discloses a significant incidence of electrocardiographic abnormality and presumptive heart lesions beyond that which might be expected from other clinical evidence.

The adoption of the inclusive rate plan was expected to result in a considerable and, it was feared, excessive exploitation of diagnostic laboratory services. That a considerably increased employment of electrocardiography has actually occurred is evident from figure 2, which illustrates graphically the sharp rise in the proportion of tracings that have been obtained on private patients in the two years, 1939 and 1940.

That the increase in electrocardiographic service was not primarily an

Table 4—Annual Ratio of ECG's per Hundred Thousand Ward and Private Hospital Days

Year	Ward Days	No. ECG's	Ratio	Private Days	No. ECG's	Ratio
1936	85,679	685	782	34,815	103	296
1937	90,838	562	619	38,404	97	253
1938	94,756	640	675	37,860	124	328
1939*	88,479	683	772	44,032	311	706
1940	100,156	874	873	54,908	445	811

*Inclusive rate plan introduced.

effect of a greater number of private patient admissions is revealed by table 4, which shows that since the introduction of the plan in 1939 the ratio of electrocardiograms to private patient days of bed occupancy has more than doubled and has become equivalent to the ratios that have long prevailed for ward patient days; it should be remembered that this particular laboratory service had always been available without special charge for ward patients.

Moreover, the greater output of electrocardiograms has been accomplished thus far with no increase in

costs for personnel and no expansion in physical plant; actually, the only added expense has resulted from a greater need for relatively cheap expendable materials, such as bromide film, developing solution and electrode jelly.

The liberty that the inclusive rate plan extends, therefore, may be regarded as beneficial and desirable insofar as electrocardiography is concerned, for the plan has encouraged the greater use of a laboratory aid the technical value of which seems abundantly proved by the investigation herein reported.

As the Patient Sees It

SAMUEL F. WORSWICK

Hospital Counselor, Oakland, Calif.

MANY pages could be written of the delightful experiences hospital patients relate. However, I have been asked to present the other side, to give some actual examples of bad public relations. I have chosen from my notes a few typical ones sufficiently diversified to emphasize the fact that every employe plays an important part in your friend building program.

The errors in each instance are obvious. Because of lack of space I shall ask you to do your own criticizing. Several positions were made vacant because of these indiscretions. In each case, however, the hospital was the real loser.

A man and his wife, who had driven 60 miles with a very sick child, arrived at a hospital after midnight and asked the night superintendent if she would call a doctor.

"Why in the devil did you come at this hour? I doubt if I can get one at this time of night."

Thinking of one he *knew*, the man asked if he might use her phone, to which she replied in the same ungracious manner: "That's a private

phone but I GUESS you can use it." As soon as the child could be moved he transferred her to another hospital.

A lady, her husband and nine year old daughter called to see the new baby of a dear friend. On entering the elevator they asked for the maternity floor. "You can't take that child up there" was the operator's curt reply. Not only was the child broken hearted at the disappointment, but the parents were greatly displeased with his attitude. He was later discharged for similar offenses.

A lady approached the admittance nurse and asked to see the administrator. His door, across the lobby, being open, she called to him: "There's a woman in the lobby to see you." Then to the lady, she said: "Go over there and sit down." She was summarily dismissed for this rudeness.

I witnessed this one. A man called to visit a sick friend. He was informed the doctor had given orders that the patient could see no one.

"If I could only go in and clasp his hand and assure him we are all pulling for him, I am sure it would do him a world of good," said he.

An employe, evidently in authority, stepped up to him and declared: "The doctor says you can't see him, so that's that."

Will he send his relatives or friends to that hospital?

Every physician's good will is a priceless asset to a hospital. A doctor who had recently started practicing in Los Angeles brought his first patient to one of the leading hospitals but, because of the curtness of one of the floor nurses of whom he asked a few simple questions, he declared he would not soon bring another. It is impossible to estimate what that nurse cost her employer.

A man who had been brought into the emergency ward with a broken shoulder blade was pacing the floor in great pain. Finally, the nurse spoke up and said: "Go over there and sit down; you make me nervous."

I also witnessed the following: A man called at a county institution some miles out in the country and asked to see the administrator. The girl at the switchboard remarked: "You can't see him until 2 o'clock." "Must I wait that long?" asked he. "I don't care what you do but you can't see the doctor until 2 o'clock" was her reply.

This one embodies many criticisms, all indicative of thoughtlessness and inconsideration. The patient complained of the following points:

1. The water glass was seldom filled and the pitcher was too heavy to lift.
2. The bedside table seldom was at a convenient height.
3. The blind was never adjusted to shut off street light from his bed.
4. He was rudely awakened each morning by the light being turned on and the blind run up to full height.
5. His pillows were seldom fluffed or bed refreshed.
6. One of his trays required three spoons but only one was provided.
7. The morning greeting was a cold "Hello" instead of a friendly "Good morning."



For Temporary Use

THE health needs of a community created by such a large scale project as Shasta Dam require that provision be made for the medical needs of the employes on a twenty-four hour basis.

Shasta Dam Hospital, originally planned for the use of company employees alone, is now operated as a 24 bed limited general hospital open to the public. The medical staff is closed.

The hospital is of frame construction and is built to endure through the life of the construction project (about five years). Every effort has been made to render the building safe and comfortable. To cut construction costs, plasterboard is used throughout, even the air ducts being made of it. All electric wiring is in conduit. Wide entrances, ample

driveways and porches allow excellent facilities for evacuating patients should the occasion arise.

A fully equipped ambulance is maintained for use in transporting patients. A nurse accompanies the ambulance.

The hospital proper has examining rooms, an emergency and admittance room 16 by 28 feet, with complete equipment for all accident cases. The surgery, 20 by 20 feet square, has a hydraulic lift operating table, the latest type of anesthesia machine and a glareless operating light with a battery as a source of energy should the regular current fail.

Since temperatures of 110° F. and 112° F. are frequent in the summer, the hospital is fully air conditioned. A large fan supplies a satisfactory volume of air. This air is filtered and

passed over cooled and refrigerated pipes without any humidity being added. In the winter the same system is used to heat the building by passing the air over steam coils. Two oil burning steam boilers furnish the steam necessary for all needs. These are fully automatic and a regular check by service men eliminates the necessity of an engineer.

The color scheme used throughout the interior is a soft green on the walls with slightly lighter ceiling and a shade darker trim. Brown jaspé linoleum is used on all floors.

The cost of equipment, including all kitchen equipment and linens, was approximately \$17,000. The resale of this equipment at the end of the five year period will reimburse the company for a considerable share of the original investment.



"Passed by the Censor"

London, England, Oct. 1, 1941

DEAR Colleagues in America: In earlier letters I have touched upon regionalization as one of the most hopeful means of achieving a fully coordinated national hospital system in which both the public authority and the voluntary hospitals will find their place. The latter have, however, certain financial problems not shared by the public authority institutions, as the latter can generally obtain any necessary funds by the simple expedient of putting a penny or more on the local tax rates.

Voluntary hospitals in the past have relied for funds first on voluntary donations and subscriptions and later on contributory schemes, *i.e.* funds raised among the lower income groups, mainly factory and office workers, by weekly payments in support of the hospitals in return for which contributors receive free hospital treatment. Generally there must be an income limit to eligibility of contributors to a contributory scheme, because to accept for free treatment in the general wards persons with higher incomes would impose an improper burden on members of the senior medical staff, who usually donate their services, and also on the general funds of the hospital.

The necessity of caring, on reasonable terms, for middle-class patients who cannot afford to enter one of the few first-class nursing homes has led to the building, by more and more hospitals, of pay-bed blocks which are likely to be increasing sources of financial support to the voluntary hospitals in the future, since there is usually a small but satisfactory profit on paying patients received. Furthermore, the senior medical staff obtains satisfactory payment for these patients. Still, the full provision of pay-bed accommodation for middle-class patients cannot be achieved unless the prospective patients, when in good health, can be offered some kind of insurance scheme by which they can be put in a position to meet the charges. Consequently, there is an increasing number of schemes, known as provident schemes for hospital services,

springing up to meet the needs of the middle classes. These schemes are not run as commercial ventures and are usually in close association with the contributory scheme covering the same area. No doubt the voluntary hospitals will get an increasing measure of support from this source.

Despite all the keen and business-like efforts that are being made to get the maximum income for the hospitals from the contributory and provident schemes, it is unlikely that the hospitals can in the postwar period become self-supporting. It is unlikely, too, that subscriptions and donations will be on as generous a scale as in the past, especially when the decreasing value of money and the incidence of purchase tax are taken into account. There remain two other sources of income to consider, *viz.*, local authorities and the state.

FOR many years now local authorities have had the power, besides paying for services rendered at their request, to make grants to voluntary hospitals in their areas not exceeding the proceeds of a penny and a third rate.

Before the war the state was not undertaking any responsibility for the voluntary hospitals. Today it is paying for services rendered by them under the Emergency Medical Service on terms which, when allowing for reserved empty beds, in many cases have helped the hospitals over a difficult period. As a war-time measure the government is also accepting responsibility for, roughly, half the cost of increasing nurses' salaries so as to bear reasonable relationship with those paid to the members of the Civil Nursing Reserve and to probationers (or student nurses) enrolled under the government's own scheme. Also, subject to various conditions, the government is to give compensation after the war for war damage to hospital buildings; whether or not this will

From S. R. SPELLER, LL.B. (Lond.)

Editor, *The Hospital*

meet adequately postwar rebuilding needs we have yet to learn.

As there is no little evidence that there is likely to be inflation and that the purchasing power of money will be still further reduced and as it is equally apparent that equivalent increases in subscriptions and contributory and provident scheme receipts are not to be expected, obviously there will be an uncovered gap between the receipts and expenditure of many voluntary hospitals. They realize that more aid will have to be forthcoming from public funds and their leaders are much exercised in mind to decide whether they should look in the first place to the state or to local authorities; they are also concerned as to the method in which any aid should be given.

WHAT they want to avoid is excessive interference by public authorities with their internal management, as they think this would be detrimental to their work. Some, therefore, look by way of analogy to the government's support of higher education through the work of the University Grants Commission, an independent body set up by the state in conjunction with universities for distributing an annual government grant. The commission is not swayed by party politics and takes no part in the government of the various universities to which the grants are made, simply satisfying itself that the work is being properly carried on and deciding what part of the fund available should go to each.

Others would see the danger of state control even in such a scheme as that and would prefer that grants should be received from the local authorities through the agency of a regional coordinating council, which councils I have briefly described in an earlier letter. If this were done, the local authorities would all have due representation on the regional councils and so would exercise due control over the allocation of the grants which they had made to the region.

Reading Is Sound Therapy

HARRIET L. ROURKE

Librarian, Camp Edwards, Falmouth, Mass.

TO MY mind the importance and need of a library in a tuberculosis hospital can never be overstressed. The men and women who are admitted as patients face a long term of hospitalization away from their families and friends. They are confronted with a complete readjustment of their lives and environment and with the knowledge that they have before them an extended period of inactivity. These insurmountable facts, coupled with the awareness of their disease and its consequences, naturally have a depressing effect upon their minds.

Especially Helpful to Tuberculous

Doctors contend that mental content is an essential quality for the successful treatment of tuberculosis. To help promote this, the library is one of the best antidotes to be offered the individual whose mind should be diverted from worry and discontent. Some patients turn naturally to mental diversion but others must be led to it. It is in such cases that the trained librarian enters the picture.

Platitudes will not help; rather, the tuberculous patient must have something concrete that will absorb his interest, sidetrack his thoughts from himself and help him maintain mental discipline. Well-selected reading is one of the best resources available.

The first consideration in making book selections for tuberculosis hospitals is the attitude to be taken by the librarian. There is a deep-seated suspicion in the minds of all that librarians are reformers. Personally, I am against the idea of trying to convert and consciously to educate the reader into the better things in literature. Naturally, a book that is going to do more harm than good is taboo, but outside of that the patient should be given the type of story he enjoys; the important goal is to see that he is kept contented. If he finds diversion in Horatio Alger, give that to him; if he wants the Harvard

Classics, provide them. Anyone with ordinary intelligence, after having read for several months, will tire of the trivial and upon his own initiative will ask for a "good book," which usually means literature with merit.

While a patient is readjusting himself, he cannot concentrate on real literature and the very sick patient tires too easily to absorb anything that requires concentrated effort. Therefore, I believe his requests should be honored within the limits of therapeutic benefits. The taboos should include anything of a depressing nature. In this category fall psychological novels or books whose characters are suffering from and sometimes succumbing to tuberculosis. A plot that is too exciting or too gory should be avoided. These reservations apply also to nonfiction. One patient told me that after having read Zweig's "Mary, Queen of Scots" he dreamed he was chased by horsemen armed with swords.

The patient needs reading that is optimistic and encouraging, novels with happy endings, after their characters have overcome difficulties. Biographies of men and women who have succeeded in life despite physical handicaps, especially tuberculosis, appeal to those who think they are all through with living. Poetry and travel books carry them away from their monotonous surroundings and into another world.

There are patients who will never open a book no matter how long they are hospitalized, either because they are too ill and are too weak to hold the volume or just because they have no interest. To these patients, magazines have their appeal, either picture or story magazines. However, even magazines must be carefully selected. A special effort should be made to see that the magazine reader has his pet periodical as soon as it is received. If this is the patient's only outlet for diversion, it should be catered to.

It seems unnecessary to mention that the librarian should know the

contents of all her books and magazines, for one paragraph might completely upset the therapeutic value of the literature. I think it is a good plan for her to read the medical items in *Time* every week before it is distributed.

The patients should be studied at all times, never as a class but as individuals. The tuberculous patient has a wide variance of moods. Some days he is optimistic and full of well-being and on other days he is depressed and against the world in general. He is sensitive to conditions existing around him: his fellow patients, members of the personnel and even the weather.

Librarian as Listener

It takes tact and patience to carry on this work successfully. The librarian is not supposed to have any troubles of her own nor should things ever go wrong. She must never be in a hurry. She must let office work go if necessary for, after all, it should play a minor rôle in hospital work. She must always be ready to listen to anyone who wants to talk, whether it is about the latest news and books or about personal worries and latest symptoms. It is easy to divert a patient's conversation from himself after he finds a ready listener. I have found that the librarian does a great many things besides directing reading. It pays to be a good listener but, above all, it is essential to have and to maintain a sense of humor.

If the librarian will mentally place herself in the patient's position, she will find that she can understand his whims and moodiness and can develop the tolerance and sympathy necessary for the fulfillment of the purpose of the library. It is essential to hold the readers' confidence in the value of books.

There is gratification to be derived from working among tuberculous patients. The librarian has time to know them individually, to learn their likes and dislikes and, in so doing, to give better service. The patients become her friends and not just a source of circulation figures.

Paper presented at the annual conference of the American Library Association, July 21, 1941.

System in the Storeroom

HARRY C. DUNHAM

Business Manager
Barnes Hospital, St. Louis

NOW more than ever, a diligent scrutiny must be maintained on all supplies. With the uncertainty of present day markets and the slowness of deliveries, it is almost a necessity to hospital buyers to have an efficiently arranged storeroom and a perpetual inventory covering all stock supplies.

On Sept. 1, 1939, we started a perpetual inventory in our storeroom at Barnes Hospital, St. Louis, as we felt that, in addition to the need for a closer watch over our stores, modern business practice itself warranted our change of systems from an annual audit of the supplies to the perpetual inventory and a modernized type of storeroom.

To facilitate both speed and accuracy by the storeroom personnel, we have tried to separate insofar as possible the many items kept there so that the supplies used by the housekeeping department are in one place, those used by the dietary de-



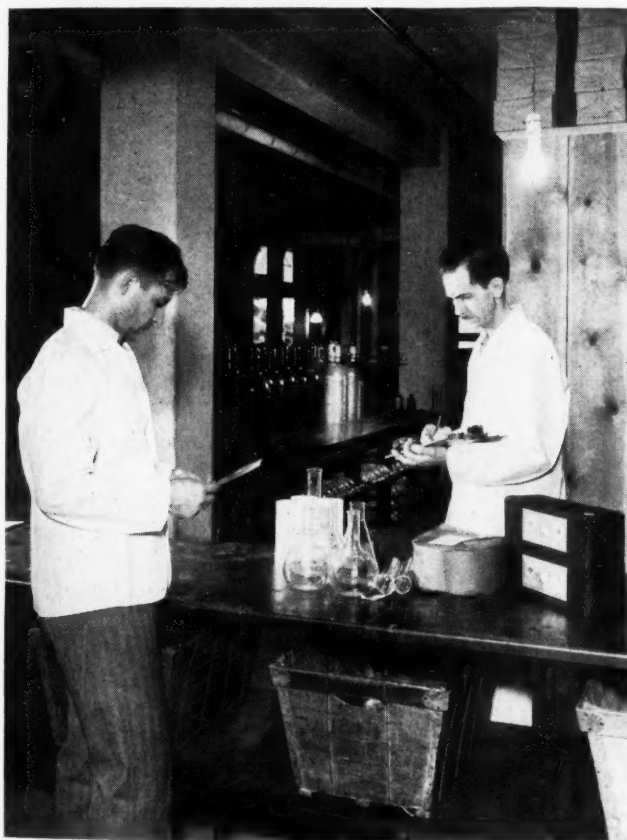
partment are in another and the articles used only in nursing care are segregated by themselves.

In order to ensure accuracy in the filling of requisitions, every article has been given a stock number and is ordered by number only. The stock

number is painted on the outside of each storage bin and is stamped on every package. The one place in which the name of the article is used is in a key book. Here the name and number of the item are listed together and the person making out the requisition can refer to this key book for the stock numbers on the various articles desired. Key books are placed on all divisions and in the hands of every department head.

It is of major importance that standard units for dispensing from the storeroom be agreed upon so that the person keeping the inventory will know whether or not one dozen, one gross or only one of any article was used to fill a requisition.

In order to show the close relationship between the purchasing department, the storeroom and the perpetual inventory, let us use as an example the item cotton balls. First, the order is made out in triplicate; one copy goes to the vendor, another copy is sent to the storeroom and the third copy is placed on file in the office. The copy of the order going to the storeroom is retained there until the merchandise ordered has been received and checked. The quantity and cost of the product are placed on the daily receipt slip and sent to the accounting department where the information is referred to



Upon receipt in the storeroom, all merchandise is checked carefully against the purchase orders. The quantity and cost of products are placed on the daily receipt slip.

the person in charge of the perpetual inventory to be placed on the card. In this case, the item being cotton balls, it now takes our stock number, which is 2250, and is stored in its proper place in the storeroom.

The entire cost of the order is now charged on the inventory card; as each box is requisitioned, the cost per box is charged against the department receiving it. In this way the entire expense is not charged to the department all at one time, thereby giving us a more accurate figure for the cost of operation in any given period and also making the monthly reports more comparable to one another.

In the storeroom a minimum standard is designated to the storeroom manager by a small red card

placed in each bin. When the stock has been used up to this amount the item is placed on order. A number of things must be taken into consideration before determining this standard but the main question is the item's availability. Many stock items can be purchased in the vicinity, thereby permitting a somewhat smaller standard to be maintained. Other items, and the number is increasing rapidly, must be shipped from distant points of manufacture; therefore, considerable time may elapse between the placing of the order and the receipt of the merchandise.

Still a third classification must be considered: items that are made up for the hospital on special specifications. Those items are usually slow

in arriving and now, with conditions as they are in most factories, it is almost impossible to predict when deliveries can be made. Because of the present emergency, larger supplies than usual should be on hand.

Our perpetual inventory is kept on one of the standard bookkeeping machines; one person spends her full time in its operation. The requisitions of the previous day are recapped and the totals taken from the cards of each item that has been withdrawn from stock. Also, any merchandise received on that day is recorded.

The entire storeroom should be checked at least twice a year. At present we are trying to take three checkup inventories during the year until such a time as we feel the system has been perfected to a point at which only two checkups a year will give us sufficient proof that the inventory and storeroom are reasonably in harmony.

We have, in reality, three fairly large storerooms, although one of these is used for storage of bulky articles, such as prepared dressings, gauze and cotton. The main storeroom in which most of the supplies are kept has 3000 square feet of floor space. The storeroom for canned and staple foods has a floor space of 1600 square feet. The storage room for bulky supplies has 2400 square feet of floor space. Altogether, we have 7000 square feet of space which, under normal conditions, is quite adequate for our needs; however, at the present time, with markets and deliveries as they are, we have been forced to protect ourselves to such an extent that our storage facilities have become somewhat overtaxed.

It has taken considerable time and the fine cooperation of everyone concerned to effect our ultimate goal of an efficient system for the storage and dispensing of the supplies used in our hospital.

The perpetual inventory, in addition to its value from the standpoint of an accurate breakdown for departmental cost, is one of the best yardsticks for the hospital buyer to use, especially when it is accurately kept. We feel that our returns in both speed and efficiency in the handling of these supplies have been more than ample compensation for the time and effort spent in accomplishing our objective.

The Discharge Slip

IN DAYS gone by we had patients brought to the business office when they were ready to be discharged so that final settlement of their account could be made with the husband, father or the person responsible for it. In many cases there would be an impatient taxi driver standing by, or the patient would be sitting in a wheel chair wrapped in blankets, anxious to get home. There was then a rush to complete the arrangements with the result that sometimes necessary information was not obtained.

All this has been changed since the adoption of the discharge slip il-

lustrated below. Now before a patient is discharged by the doctor, the relatives are asked by the head nurse to get the discharge slip from the business office. Then, without hurry, we can discuss the account and work out a settlement without any implied urgency, for no patient leaves his room until the nurse gets the slip.

There has been no objection on the part of the patients to this procedure. The psychological feeling on the part of both patient and clerk to get the details of discharge over with quickly is entirely obviated with this system.

—J. H. ZENGER, *Latter-Day Saints Hospital, Salt Lake City, Utah.*

DR. W. H. GROVES	
LATTER-DAY SAINTS HOSPITAL	
SALT LAKE CITY, UTAH	
To the Supervisor _____ Division _____	
Arrangements have been made with the Business Office for the discharge of _____	
Room _____	BUSINESS OFFICE
Date _____	By _____

Well-planned pictures add interest
and often tell their own stories.

THIS is the time of year when hospital executives begin to look over records of the last twelve months to compare them with performances of previous years and to think about a program for the future. Whether such stocktaking is crystalized in a published annual report depends upon the policy of the institution.

To print the annual report means an expenditure, perhaps, of from \$500 to \$1000 or more, according to the type of report and the number of copies. Many lay boards are loath to authorize so large an amount for this purpose. Superintendents, also, hesitate to recommend this expenditure today when even important budget needs are so difficult to meet. On the other hand, the United Hospital Fund of New York City receives printed annual reports from about half the hospitals in its membership.

It is interesting to study a group of these reports representing the larger New York City institutions, with a few added from New Jersey, upstate New York and Massachusetts, 30 in all. Following are the results of a brief review of each report.

Eighteen were comprised of more than 50 pages each, nine covering from 100 to 300 pages.

Only eight had pictures on the cover.

Less than half had pictures (other than of buildings or hospital personnel) in the body of the report.

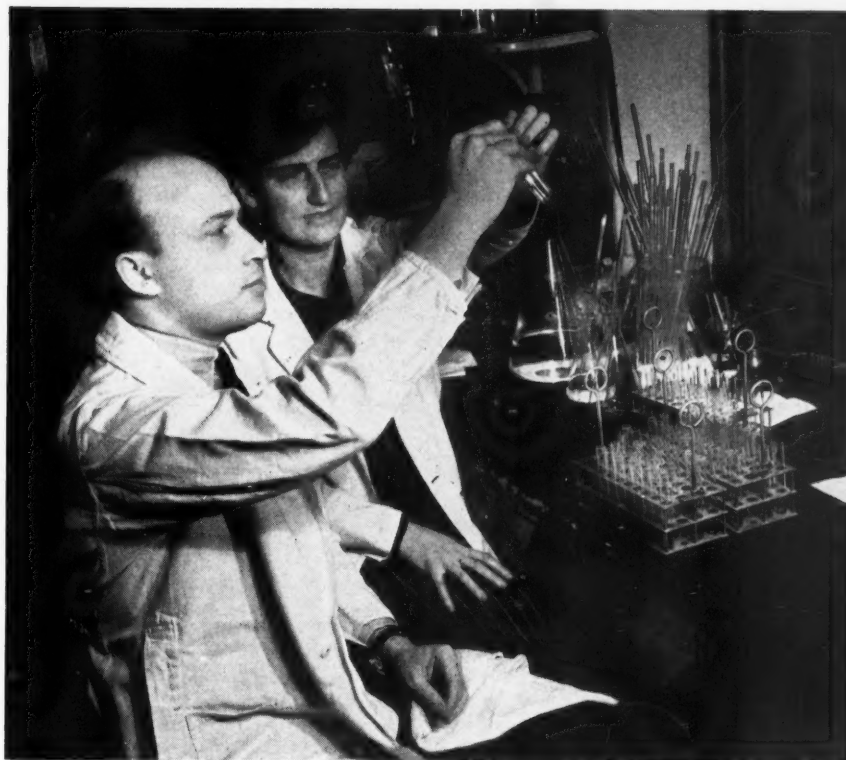
Half devoted one third or more of the space to lists of donors, staff and by-laws.

Five devoted as much as 30 to 50 per cent of the space to full page statistical tables; 10 devoted 15 to 30 per cent of space, and the remaining 15 devoted 15 per cent or less to full page statistical tables.

Only two used graphics.

Five gave a more or less popular account of the work; 12 confined the text to technical discussion, while nine permitted a recital of figures to show the volume of work handled by the hospital.

The cost of the report was given in only three instances as follows: \$1087, \$721, \$500.



That Annual Report

MARGARET H. LYMAN

Assistant Director
New York University Clinic, New York City

If we take the foregoing points as any indication, the majority of hospital annual reports confine themselves to technical statements of work done and of costs, with considerable space given to lists of donors and staff.

These reports seem to be directed chiefly to lay boards and donors. Emphasis is laid on giving credit for past donations and volume of work, with little attention paid to an interpretation of policy, indications of quality of work done or to subject matter that is of general human interest.

Anyone who has ever tried to write an annual report knows how difficult a job it is. Why is this so? If an executive knows his institution, is interested in it and has ideas about developing its service, there should be no dearth of material to write about. Perhaps we are just afraid to depart from the traditional plan of hospital report which makes no bid for the understanding or interest of the general reader.

You may ask whether hospital reports are intended to interest the general reader. My answer to this would be that hospital reports today need not only to interest but also to make friends of the general reader.

We write annual reports for two reasons: (1) to give an accounting of work and expenditures to the hospital lay board and staff, to donors and to the community; (2) to make the hospital known, in order to get financial support through gifts or through patients.

Certainly, donors, citizens of the community and sometimes even trustees are laymen when it comes to understanding how a hospital operates, what its costs are and why certain policies are important.

How does one set about developing a report that individualizes the hospital and makes friends for it? Before starting to work it is a good idea to make up your mind about the kind of report you want to write. Who is to be your audience? Is this to be one of several publications is-

sued by your institution this year or is it your only opportunity to set forth the story of the hospital? Few hospitals can afford to print more than one general publicity bulletin a year. As a result, that one bulletin has to meet the interests of a varied audience.

The average hospital report, while addressed formally to the lay board, may be read by other hospitals, social and health agencies, present donors and people in the community who might be interested either as future donors or as patients. The chances are that no one of these groups will be interested in all phases of the hospital's work. The lay board member and donor may be interested chiefly in costs; the social agency, in policies; the prospective patient, in quality of service. The problem of the writer is to include material for each one of these reader groups, presented in such a way as to enlist the friendly interest of the majority.

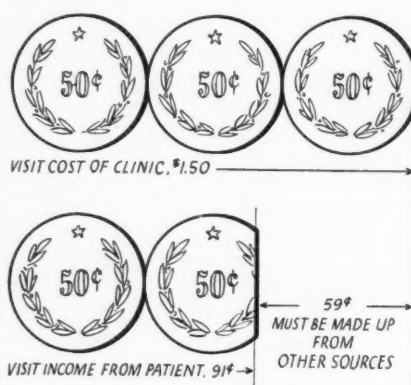
Because much of the work of a hospital is technical, careful planning and clear writing are necessary in order to make the hospital's story understandable to the layman. Hospital superintendents, as a rule, have no special training for this type of writing. There are reports, however, that can be studied with profit. One of the most successful of these is the United Hospital Fund publication, "You and Your Hospital," a digest of the Hospital Survey of New York. This report is exceedingly valuable in demonstrating the advantages of a clear and simple narrative form for the presentation of technical material.

It is a good idea to plan the narrative as a whole before beginning to write. The outline may well include a series of subject headings that can be used as paragraph titles in the final report. Such headings can be planned to further the narrative and to give unity to the subject matter. Take for example these paragraph headings that appear in bold face type at the beginning of each new section of the New York University report: "The Special Purpose of the New York University Clinic Today," "Doctors Teach Patients How to Prevent Illness," "How Patients Use Our Services," "The Social Worker Helps to Carry Out the Doctor's Instructions" and "The Cost of Care and What the Patient Pays." These headings serve as a convenient guide

to the reader, catch the interest and help to enliven the text.

Good pictures help more than anything else to dramatize a report. If carefully selected and well taken, pictures add greatly to the story; they can be used to suggest friendly atmosphere and the type and quality of work; they may also illustrate policy and physical surroundings.

While pictures of children can be made appealing, a general hospital will do well not to specialize in pictures of work with children but to pay more attention to illustrating its



Pictorial statistics serve the annual report in many ways—they are dramatic, eye appealing, descriptive and much more effective than is ordinary tabular matter.

work with adult patients. In the past photographs of buildings, equipment and hospital personnel have predominated in hospital reports. If these subjects are used they should be dramatized to catch the reader's interest and to contribute to the attractiveness of the leaflet.

An effective cover photograph does a great deal to enliven the report, to suggest atmosphere and to identify the hospital. It is not necessary to use all new photographs each year. Photographs can be changed by cropping; cover photographs can be used inside the report; inside photographs transferred to the cover.

According to our analysis of hospital reports considerable space is devoted to full page tables of figures in the main body of the report. Statistics are necessary to show costs and volume and type of work, but served up in page after page of unrelieved tables they make difficult reading for the layman, even if he happens to be a board member who is interested in figures.

We want our figures to be read. What can we do to simplify and

dramatize them? Actually, statistics can be made to fit into the story of hospital work by weaving them into the text of the report. Here is an illustration from the report "You and Your Hospital."

"It is a startling fact that for every six days of bed care for general illness in the voluntary and municipal hospitals, only one is paid for by the patient at cost or more, one is partly paid for by the patient and the remaining four are given free to those receiving the care."

Figures used in this way are concrete and interesting. Basic data behind the statistics quoted in the text may appear in tabular form in the appendix. Graphics or pictorial statistics are useful means of dramatizing figures. They should be carefully planned, however, to give a quick visual summary. They must be easy to look at and simple in form; elaborate and bizarre effects distract attention from the facts presented.

Our brief survey of hospital reports shows that much space is devoted to lists of donors and staff. It may be that community relationships or special commitments make the printing of donors' lists unavoidable in certain instances. The listing of the professional staff is also important from certain points of view. The fact remains, however, that these lists do not add to the attractiveness or readability of a hospital report and they cost money. This needs to be borne in mind when planning the report. If lists of donors and staff cannot be omitted, perhaps they can be reduced to a minimum and included in smaller type in the appendix instead of in the main body of the report.

Hospital superintendents will say that these suggestions for revising the traditional hospital report cost money and may call for expert advice. This is true. Any type of printed report, good or bad, costs money. The point to consider is the ultimate loss from an ineffective report in terms of wasted effort and failure to interest the public. It is difficult to determine the exact income in gifts or intangibles resulting from a printed bulletin. However, it would seem reasonable to assume that more satisfactory results could be obtained from an attractive, readable report than from the traditional compendium of facts and figures.

SMALL HOSPITAL Forum

Albion Hospital Seeks Grant to Aid in Major Program of Improvements

Ready to launch upon a program of major improvements involving an expenditure of \$47,000 stands Sheldon Memorial Hospital, Albion, Mich. Of this amount the city of Albion has asked the Kellogg Foundation to provide 75 per cent.

Much of the equipment has been set aside by the manufacturers and priority orders are being filed. Max E. Gerfen, hospital administrator, anticipates little delay in the program, owing to the defense rating for hospitals.

Following is a list of some of the major items of equipment and repairs with the amount set aside for the purchases:

Elevator	\$4592
Acoustical treatment	4116
Rubber and tile flooring	7700
Laundry equipment and building repairs	3535
Interior and exterior painting	3000
Instruments	1204
Plumbing fixtures	1341
Rear entrance	1595
Emergency room equipment	959
Cystoscopy and G.U. room	715
New sets of furniture (12)	2800
Two major surgery lights	1100
Roof insulation	1064
Bedpan sterilizers (3)	842
Furniture for lobby, sun rooms, dining room, offices, doctors' library	3625
Equipment for floors, including dressing carts, stretcher carts, chart desks and charts	1203
Stoker	825

Other new equipment to be purchased includes a floor cleaning machine, oxygen tent, gas machine, typewriter, scrub-up sinks, Mayo stands, film screen, wheel chairs, a metabolism machine, cubicle curtains and a set of dishes.

New Use for Old Bedpans

When Sheldon Memorial Hospital at Albion, Mich., replaced its old enamel bedpans with modern metal equipment the old bedpans were not junked. They were turned over to the town Loan Closet, which furnishes sickroom equipment to needy families with cases of illness in the home.

A REPORT OF A VISIT TO SEVERAL SMALL INSTITUTIONS IN SOUTHEASTERN MICHIGAN DURING THE MONTH OF OCTOBER 1941

Rise in Rates Found to Be Fairly General in South Michigan Hospitals

To raise or not to raise rates is a question that is perplexing small hospitals in southern Michigan. It was generally agreed by the administrators of Mercy Hospital, Benton Harbor; Community Hospital, Battle Creek; Sheldon Memorial, Albion, and Three Rivers Hospital, Three Rivers, that higher rates are decidedly in order to keep up with rising costs, and three of the four hospitals have already made some adjustments.

The flat rate for maternity care at Community Hospital, Battle Creek, has been raised from \$50 to \$60 for the customary ten days' care, and the room rates have gone up \$1 per day. No changes have been made in the operating room charges but, hereafter, patients will pay for sutures and dressings; the latter will cost 5 cents a package. Similar adjustments will be put into effect at Leila Y. Post-Montgomery Hospital in Battle Creek, which cooperates closely with Community Hospital.

Sheldon Memorial Hospital, Albion, adopted a schedule of inclusive rates on August 1 which has proved to be extremely popular with doctors and with patients, who find it easier to finance their stay in the hospital when they know approximately how much it will cost them. A printed card that lists the charges for ward, semiprivate and private room care for major and minor surgical, medical and obstetrical work is presented to the patient on admission. The charges include all services except x-rays, x-ray therapy and casts.

The only increase yet made at Three Rivers is an additional 50 cents a day for ward care, which brings the charge from \$3.50 to \$4 a day. A flat rate plan for maternity care has been inaugurated which is available to those who can pay the fee in advance.

No increases have been inaugurated at Mercy Hospital in Benton Harbor, according to Angela Reinke, the assistant superintendent, but it is probable that some adjustment will be made in the near future. "We have to be cautious about raising rates," Miss Reinke stated. The administrators of Mercy Hospital and the St. Joseph Sanitarium in St. Joseph work together and will make their rate changes conform.

This 85 Bed Hospital Gives Community Deep Therapy X-Ray Service

Few hospitals of 85 beds can boast of such complete x-ray service as is being given the community by Mercy Hospital, Benton Harbor, Mich. In addition to complete diagnostic equipment, which has served 15,000 persons in the last seven years, Mercy now has a 200 kv. deep therapy machine which serves doctors and patients over a wide area.

Dr. Harry Kok is the experienced roentgenologist in charge of the department; his services are also available twice a week for film interpretation to St. Joseph Sanitarium across the river. Doctor Kok is assisted by one technician at Mercy and by another at St. Joseph's.

Patients awaiting x-ray services at Mercy have a beautiful sunny lounge in which to wait. It is one of the two large hospital waiting rooms, each boasting six windows and tasteful decoration.

Doctors Served Breakfast Daily in Private Domain

Coffee in the morning is a pleasant custom that is heartily enjoyed by the medical staff at Battle Creek Community Hospital. From 7 a.m. until noon the comfortably furnished doctors' restroom holds a quorum of physicians who have dropped in for a few minutes' relaxation and a cup of excellent coffee that they serve themselves from a glass coffee-maker, which is refilled as fast as it is emptied. Toast and doughnuts are served, too.

The kaffee-klatsch costs the hospital little, especially in the light of the dividends paid in the way of cooperation and good fellowship among the members of the medical staff.

A subtle touch—the medical record librarian has an office right next door to the doctors' lounge. It is easy for her to pop out of the door as some unwary physician is going to or from the lounge and remind him firmly that his records are not completed—and what is he planning to do about it? Medical records at Battle Creek are in excellent shape.

Mercy Hospital Nurses' Chart Begins Existence in Admitting Department

To avoid misspelling in patients' names, Mercy Hospital, Benton Harbor, has hit upon a system of charting that will interest other institutions.

The chart is made up in the admitting department where the name, room number, case number, address, telephone number, admittance time and method of transportation to the hospital are entered on the admittance sheet, which becomes the first sheet of the patient's record.

On the back of this admittance sheet is an Authority to Operate form, which each patient or his legal representative signs in the admitting department upon entering the hospital.

The admittance sheet is placed in a heavy manila looseleaf binder folder of patented design and sent to the floor to which the patient is assigned. There the other information on the face of the admittance sheet is filled in.

Included in this information is a check list of the apparel and other articles the patient brings with him. This is filled out by the nurse and is signed by the patient and the nurse. Articles that are to be retained in the patient's possession are listed on the blank and also are covered by the signatures.

Below the signed list of the patient's effects is another form to be filled out on discharge, stating that the articles listed have been received in good condition. The patient and nurse sign this form.

On the back of this sheet below the Authority to Operate form is a second form covering Release From Responsibility for Discharge. Fortunately, this form is not often needed but it, too, must be signed by the patient or his legal representative in the presence of two witnesses.

Get Privacy at Low Cost

For the patient of moderate means who desires privacy above all else, Mercy Hospital, Benton Harbor, Mich., has two tiny rooms available at \$4.50. Each room has one window, a bed, dresser and an overbed table. No closet facilities are available, so the private patient's clothes are put in an unbleached muslin bag, listed in the clothes book and stored. Unfortunately, these tiny rooms are near the elevator so nervous patients are advised to seek semiprivate accommodations since the noise will bother them.

Three Jobs Are Worked as One

A combination of jobs that is working out well at Sheldon Memorial Hospital, Albion, Mich., is that of superintendent of nursing, x-ray technician and supervisor of drugs. These duties are performed by Elsie Roettiger.

Crowded Conditions Prevent Hospitals Doing Own Laundry

A surprising number of small hospitals in southern Michigan have their laundry work done outside the institution.

Take Mercy Hospital at Benton Harbor for example. This 85 bed institution launders only diapers, baby shirts and glass curtains, although it irons the nurses' uniforms. In order to do its own laundry work, it would be necessary for the hospital to build a new structure to house the department.

James W. Sheldon Memorial Hospital, Albion, a 40 bed institution, has plans for a laundry and has set aside \$3500 for equipment and remodeling. In the meantime the work is done outside at a high rate; moreover, many clothes and linens are ruined.

Behind the hospital on the spacious park-like grounds stands an ancient brick schoolhouse, probably the one attended by Administrator Max E. Gerfen's grandfather. The hospital's power plant is in the basement and the main floor will be remodeled for laundry purposes.

At Three Rivers Hospital, also, the laundry work is done outside, owing to crowded conditions within the hospital.

Birthdays Don't Go Unrecognized

Nobody really wants to spend his birthday in a hospital, but when it is necessary, a birthday cake does a lot toward mitigating an otherwise lonely day. Mrs. Jessie Congdon, superintendent of Three Rivers Hospital, Three Rivers, Mich., tries to see to it that every patient who is celebrating a birthday in the hospital receives a little birthday cake. When a cake is not possible, frosted cookies with a candle stuck on top serve the purpose very nicely.

Radio's Not a Nuisance Here

The therapeutic value of a radio in keeping patients entertained and contented is often outweighed by its nuisance value to others, who get their radio programs second hand when they don't want them. The scheme worked out at Mercy Hospital, Benton Harbor, Mich., obviates the nuisance value and keeps everybody happy. Patients are allowed to bring radios to the hospital and no charge is made for their use. However, because there is no charge, the hospital is in a position to control the situation and the staff has no hesitation about making thoughtless persons tone down or turn off a noisy instrument.

Staff Nurses Not So Hard to Find in Michigan Towns When Treatment Is Good

Are nurses hard to find? Well, yes and no. It has been the experience of Mercy Hospital, Benton Harbor, Mich., that general staff nurses are available but good supervisors are not easily obtained. Nurses at Mercy are started at \$70 per month and full maintenance. One week's vacation with pay is allowed for every six months of service and the nurses may accumulate their vacations and take two weeks at a time or split them up. Sick leave is adjusted to the individual case.

Mrs. Elizabeth Nichols, administrator of the Community Hospital at Battle Creek, has discovered an excellent source of supply at Fort Custer. Among the wives and sweethearts of the officers and men at the greatly increased Army post are a number of nurses—and good ones—who are available for duty at the hospital.

There has been comparatively little turnover in the nursing staff at Sheldon Memorial Hospital, Albion. The starting salary is \$90 per month with board and laundry; nurses do not live at the hospital. Then, two weeks' vacation with pay and two weeks' sick leave with pay also contribute to keeping the staff contented.

Nurse aids are employed in three of the hospitals to relieve nurses of numerous small, time-consuming duties, such as running errands, bringing water for the patients, making their beds after the baths and making up the room when the patient has been discharged.

At the Battle Creek Community Hospital N.Y.A. girls serve as nursing aids and Mrs. Nichols is well pleased with their work.

Mrs. Jessie Congdon of Three Rivers Hospital, however, found that the N.Y.A. girls did not work out well and prefers the services of older women whom she trains to do things as she wants them done.

Sheldon Memorial Hospital employs two women as nurse aids—one for day and one for night duty. They make beds, run errands and, in addition, help with mending.

Closet Hides Behind Dresser

Closet space is at a premium in many an older hospital, particularly in patients' rooms. The difficulty has been neatly solved at Mercy Hospital, Benton Harbor, Mich., in some of the rooms that have no closets by the use of a dresser that has space for clothing built on the back. The patients' clothes are thus disposed of and the dresser takes up little more room than an ordinary unit.

Administrators Know That Beds Must Be Comfortable

Administrators take an interest in beds for patients as well as patients' beds.

At Three Rivers, Mich., Mrs. Jessie Congdon, R.N., recently purchased two of the longest beds available. The result: great gratitude on the part of the six feet plus patients. The men in Three Rivers seem to grow tall, so the beds rarely lack occupants. One woman patient has needed the extra length bed. The only drawback at Three Rivers Hospital is that the elevator cannot accommodate the new long beds.

Three Rivers patients of normal proportions have not been forgotten. Through a gift from the local service clubs new innerspring mattresses have been purchased, bringing all beds up to a high standard of comfort.

Community Hospital of Battle Creek did not abandon all of its old beds when it moved to its fine new building. It uses some of the old beds for fracture work.

Mercy Hospital, Benton Harbor, is proud of its new ambulatory bed. Occupancy has been so high within the past year that on several occasions a patient about to be discharged has had to give up his bed to an incoming emergency patient and has been proud to occupy the new bed.

Given Canned Goods Shower

Although it has no active women's auxiliary, Sheldon Memorial Hospital, Albion, Mich., is not forgotten by the townspeople. Two or three of the women's clubs hold an annual "hospital day" on which they present the institution with jellies, jams, canned fruits and vegetables. Sometimes they help to restock the linen supply. All such contributions, which are purely voluntary, are gratefully received.

No Exposure at Hospital Door

Automatic sliding doors will enclose the ambulance at the emergency entrance shutting in the patient from the cold breezes to which he is often exposed when being taken from ambulance to hospital door, if the plans of Administrator Max E. Gerfen are carried out at Sheldon Memorial Hospital, Albion, Mich. This will be a part of the \$47,000 program of major improvements which will modernize this 40 bed hospital.

Cherry Juice Is Favorite Drink

Where else except in Michigan would one find 75 per cent of the patients ordering cherry juice as their preferred drink for midafternoon nourishment? The cherry juice served is commercially canned.

Why the Staff Worked All Day on Sunday



The "First Lady" visits Community Hospital in Battle Creek. Mrs. Elizabeth Lee Nichols, the administrator, appears at the left.

"No half days next Sunday" was the word that went out from the administrator's office one day last spring at Community Hospital, Battle Creek, Mich.

"What's up?" asked staff and student nurses, N.Y.A. workers and employees in general.

"Government inspection," Elizabeth Lee Nichols, the administrator, was obliged to prevaricate because she could not actually promise the staff the distinguished visitor she hoped might arrive. Nor could she risk their displeasure by not having them on hand should her hopes materialize.

For the "government inspector" the hospital was made gay with flowers and, of course, everyone was on his toes.

No more gracious inspector ever entered a hospital than the guest who

was ushered in that afternoon to the delight and surprise of patients and staff members. It was Mrs. Franklin Delano Roosevelt, who had a speaking engagement in the town but who had stipulated that no formal engagements must be made for her.

Mrs. Roosevelt stayed more than an hour, toured the institution enthusiastically, chatted over a tea cup in the doctors' room (described elsewhere on these pages) and as she left shook hands with each staff member and with the student nurses and N.Y.A. workers who were lined up on either side of the attractive circular entrance lobby. To each of the N.Y.A. girls, who were her particular interest because of her part in founding the movement, she made an appropriate individual remark.

To Reopen School of Nursing at Benton Harbor Next Year

Permission to reopen a school of nursing has been granted Mercy Hospital, Benton Harbor, Mich., by the state board, but the hospital has deferred action on the matter until next year pending completion of its new wing.

While the new addition will not add greatly to the bed capacity of the hospital, it will enable the institution to departmentalize. Construction was begun in September on the wing which will house a new maternity department, a new surgery department, an emergency and first-aid section, a classroom for the proposed school and two large wards.

An addition to this hospital was completed in 1938 which brought the bed capacity to 85. The hospital owns an entire square block of real estate.

Her Maids Are Women, Not Girls

Sue E. Borden, administrator of Mercy Hospital, Benton Harbor, Mich., has the theory that older women are the best housekeepers. A busy administrator must be able to trust her housekeeping staff to do its work efficiently without constant supervision. Older women, she reasons, are more interested in neatness and cleanliness than are younger girls. Therefore, she hires middle-aged women and pays them a little more—and the soundness of her theory is proved by the shining cleanliness of Mercy Hospital.

New Women's Auxiliary Is Doing Excellent Job of Public Relations

Public relations at Community Hospital, Battle Creek, Mich., is primarily the job of the women's auxiliary. If there is another two year old hospital auxiliary in the nation that is doing a better job this magazine hasn't heard of it.

Let's hear what the president, Mrs. H. G. McLee, a former high school teacher, has to say about the public relations work.

"The board of trustees authorized us to build up community relations. Our first act was to send a greeting to every hospital patient. In this greeting we enclosed a folder on which there was space for the patient to make suggestions for improved service.

"Suggestions came in and we acted on the practical ones. Patients said there was no wastebasket in the room, so we provided wastebaskets. They wanted foot stools for the lounge chairs. We have purchased eight and will eventually get them for every private room.

"We organized a National Hospital Day celebration that brought many visitors. A handsome tea table was set up in the lobby and each guest, having seen the hospital, had tea.

"To new babies born in the hospital we send hand decorated cards. We are planning to invite every infant born in the institution to become a member of a Cradle Roll. Membership will be limited to those who make a contribution to the hospital and no minimum or maximum limit will be set. The Cradle Roll fund will be used to replace or to buy new equipment for the nursery and maternity department.

"Our new building was not being well patronized the first year and we wanted to get more people interested. The town has three women's service clubs—Altrusa, the Business and Professional Women's Club and a local organization known as Circulus. We invited each group to the hospital for one of its regular meetings. Members came for dinner, paying for their own meals, and let the hospital put on a program. These programs went well so we invited two women's church circles for dinner and the evening.

"That was last year. This year we want to invite the men's service clubs but our nurses' dining room seats only 50 and the men's groups average 75 in attendance. We shall find some way.

"In October we organized a Red Cross first-aid course which will meet at the hospital. Thirty-six persons are enrolled. Demonstrations will be made with hospital equipment.

"The hospital's Christmas decorations are our province, too, and much favor-

able comment followed our last year's decorative scheme."

According to Mrs. McLee the auxiliary started "cold," with only one woman who had ever served on a hospital committee previously. At the first meet-

(Continued on page 120)

X-Ray Department at Albion Planned for Patients' Comfort

The comfort of the patients was uppermost in the mind of Max E. Gerfen, superintendent of Sheldon Memorial Hospital, Albion, when he planned the handsome new x-ray department. The unit, which has been moved from the third floor down to the basement of the hospital, is all on one side of the corridor so that there is no need for patients to leave the department once they have entered it. A toilet and a dressing room open directly off of the x-ray room. Immediately adjoining is a well-equipped darkroom and beyond that is the roentgenologist's office.

The comfort of the operator was not forgotten either. The walls of the x-ray room are painted a soft apple green which enables him to adjust his eyes to the fluoroscopy work with little difficulty.

Builds Box for Blanket Storage

A cedar lined box for pillow and blanket storage has been built by the hospital handyman at Mercy Hospital, Benton Harbor. It is 6 or 7 feet long and 3½ feet in width and depth.

"World's Best Seller" in Hospital

Hospital patients are probably more interested in reading the Bible than are hotel guests. Mercy Hospital, Benton Harbor, Mich., finds that the Bibles placed in each room and in the waiting rooms by the First Baptist Sunday School back in 1923 are read and enjoyed. Family visitors in the attractive hospital lounge especially seem to find comfort from such reading.

Two Anesthetists Are Kept Busy

Small hospitals are exceedingly resourceful at doubling up on duties. One job combination that has worked out successfully at Mercy Hospital, Benton Harbor, is that of anesthetist and medical record librarian. The hospital employs two anesthetists and one is responsible for keeping up medical records. Incidentally, the anesthetists take the patient's personal history and the physician on the case takes the physical history.

They Don't Get Impetigo Now, Thanks to Red Head's Regime of Watchfulness

A lady with red hair banished impetigo from the Community Hospital at Battle Creek, Mich., after an outbreak of the infection had driven the staff almost to despair. Forceful Mrs. Kathryn Theaker, now the obstetrical supervisor, made a study of the situation and decided that the ugly disease could be eliminated by absolute and rigid enforcement of rules and regulations.

From the moment that she arrived at that conclusion, with the blessing of Mrs. Elizabeth Lee Nichols, the administrator, Mrs. Theaker watched doctors and nurses and even Mrs. Nichols herself like a hawk for the most minute break in the routine. Woe to the careless one who entered the nursery without gown and mask or omitted one step in the carefully worked out technic.

It worked. The whole hospital is keeping its collective fingers crossed and Mrs. Theaker has not relaxed her vigilance for a moment, but impetigo is not worrying Community Hospital right now.

Films to Aid Training Program

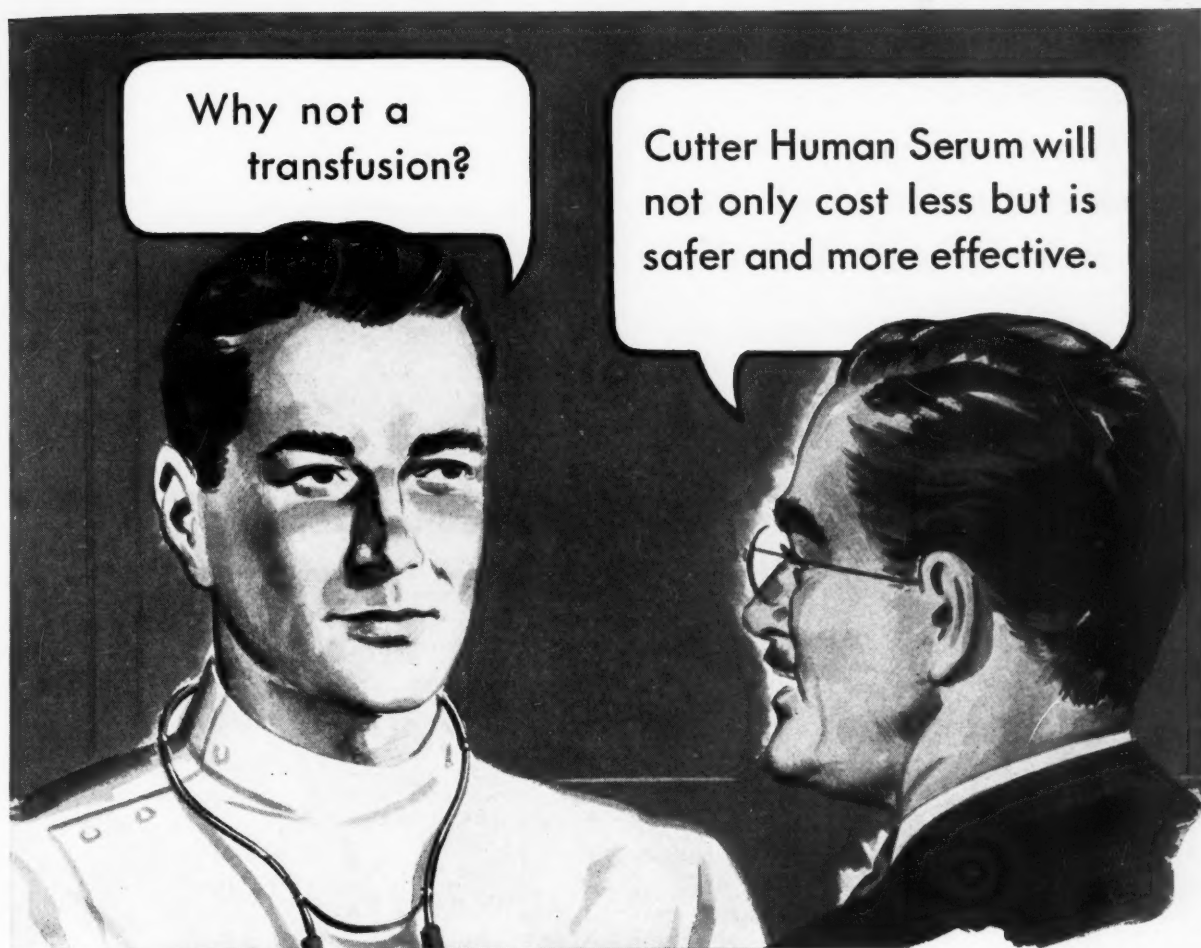
Facilities for staff education will be augmented soon at Sheldon Memorial Hospital, Albion, Mich., by the purchase of a motion picture screen. The doctors talk to the staff nurses on professional matters once each month at 7 p.m. and good use can be made of the screen for both slides and movies. The doctors will also use the screen in their own staff conferences.

Insects Excluded From This Surgery

Insects seem to have a genius for getting in where they are not wanted and even to ignore a fine-meshed screen. However, Three Rivers Hospital, Three Rivers, Mich., borrowed an idea from the tropics that keeps them on the outside looking in. It is simple. Just a double thickness of ordinary gauze tacked over the surgery screen and insect troubles cease.

Uses Old Films for Chart Covers

Old films are used for nurses' chart backs at Community Hospital, Battle Creek, Mich. The films are sturdy, transparent and easily kept clean. One film serves as the front and another as the back cover with a clamp to hold the nurses' records firmly inside the covers. In the maternity section one could see through the cover the record of a baby's footprints on either side of the mother's thumbprint and could read the essential information given there without lifting the cover.



CUTTER *Human Serum & Human Plasma* *now cost less than donor fees!*

Cutter stock human serum and plasma, made available a year and a half ago as a substitute for emergency transfusion, then cost nearly fifty dollars per 250 c.c. flask. Tremendous demand has made possible successive price reductions, which now bring these flasks to your hospital well under the usual donor fees.

Now costing less than whole blood and averting the dangers of emergency transfusions, these tested Cutter products, in many instances, are therapeutically superior to whole blood.

Cutter Human Serum and Human Plasma are not the by-products of a blood bank. They are prepared from

fresh blood from healthy white fasting donors.

Are they in *your* hospital drug room? Both surgical staff and hospital will appreciate this safety assurance in emergencies. Cutter Human Serum and Human Plasma are available from all Cutter Saftiflask distributors.

Net price to institutions

250 c.c. Saftiflask \$19.80

50 c.c. flask 4.80

CUTTER Laboratories •

BERKELEY
CHICAGO
NEW YORK

Educating the Trustee

His Is the Final Responsibility

IN APPROACHING any specific educational problem you must determine the purpose of the education. The precise function of the trustees or governors will vary in different hospitals, but beneath the variations there is a fundamental similarity of function. Members of the board of governors or the trustees of a hospital, like the directors of a corporation, have during this period of office the ultimate responsibility for seeing to it that the broad purposes of the institution or corporation are carried out. This is both the legal and the moral obligation of the trustee and this is the understanding on which money is subscribed for the support of a voluntary hospital.

Atkinson Conception Faulty

In an article by Dr. Miles Atkinson in the August issue of the *Atlantic Monthly* he says: "The function of the governing body is, or should be, to find money and look after the finances." If that is the sole function of the hospital trustee, his job may be difficult but the problem of educating him is simple. If he is wealthy he needs no education except such as may be necessary to stimulate his donative instinct. If he is not rich he must be trained in obtaining money from others. Under Doctor Atkinson's conception a hospital board should consist only of wealthy men, men who can raise money and a few who can take care of the money after it has been subscribed.

This is an oversimplification of the function of a hospital board of trustees. True, the trustees must look after the hospital's finances. But unless the organization of many hospitals is fundamentally changed the trustees have the final responsibility, enforceable at law, of carrying out

the major purposes for which the hospital was founded.

The function of the hospital trustee, therefore, is to decide on the important questions of policy that arise out of changing circumstances and conditions in such a way that the major purposes of the hospital can be steadfastly pursued. To the extent that the trustees who make these decisions are specifically informed and, in the broad sense, educated, the hospital's course will have direction toward the goal of more complete and useful service.

This does not mean that a board of trustees should attempt to administer the business work of a hospital. That is the job of the administrative staff. Nor should the board of trustees interfere in the medical work of the hospital. That is first, last and always the job of the doctors under the supervision of a medical board. A meddlesome trustee is worse, perhaps, than no trustee at all. But the board of trustees must ultimately determine the delicate balance between administrative and medical work and must decide finally between conflicting advice on the policies to be followed.

Ideal in Organization

The effort of the board of governors should be directed toward the attainment of an ideal in organization where administrative detail rests with the administrative staff and where the doctors, who so generously serve the hospital and the public, can work with the minimum of interference and restraint in accordance with constantly revised and developing plans for improved service to the sick.

Assuming the acceptance of this premise concerning the board's ultimate responsibility for seeing that

the purposes of the hospital are carried out, we come to the matter of a trustee's education. Here are a few trivial educational precepts.

Steps in Trustee Teaching

1. Do not educate the trustee merely by showing him what is good about your institution. Show him some of the things that are inadequate, inefficient or badly run.

2. A new trustee, in the course of his first few months or at least during his first year, should be given an over-all view of the major procedures followed in the operation of the hospital.

3. A trustee should be given specific work to do on particular problems or on special committees. In selecting a trustee for such work, his own experience should be taken into account and also the desirability of having each trustee get an ultimate glimpse of as much of the work of the hospital as is possible and having him meet as many members of the medical and administrative staffs as is practical.

4. The trustee should not be bored to death. Important questions of policy, however controversial, should be brought to the board for solution. In many instances, both in the hospital field and in business, the really important questions are decided before they ever reach the board and the procedure for obtaining board approval is cut and dried. I do not agree with this procedure, however convenient it may appear. You want the judgment of your board and that judgment must be exercised constantly; otherwise you will not have many members of the board present if all that you require is rubber stamp approval.

Routine reports and resolutions should be reduced to the minimum

A talk delivered before the trustee section, American Hospital Association, Atlantic City, September 17.

and the time allowed for board meetings should be used to advantage in truly informing the board of essential matters. The board's judgment must be honestly sought before its approval is voted and responsibility must be squarely put on the board of trustees.

5. Finally, and of most importance, the chairman of the board must present or have presented clear descriptions of general plans for the institution. Major decisions of policy must be made in the light of broad general plans. These general plans cannot be formulated in the first instance by any board of trustees. They may reflect the creative thinking of a director or an administrator or a medical board, but wherever initiated or envisioned they must come to the board, in clear exposition, for its understanding and approval. A board must know the general direction in which the institution is going and must reach decisions on specific matters of policy in accordance with its long-term plans.

This planning to achieve the broad purposes of a hospital in a quickly

changing society is, to say the least, an educational problem of the first magnitude. Here is the problem of guiding hospitals to an appropriate place of greatest usefulness in a critical period of change.

In the confusion of a world war does not one fact stand out clearly? Isn't it clear that after the last war great masses of people became conscious both of their misery and of their power? In some countries, as in Germany, dictators exploited the revolutionary force of collective misery to steel a people's power. In other countries, as in France, escape from misery and insecurity was sought in the illusory promises of inadequate leaders and a people's power was dissipated, temporarily, in the resultant political, economic and moral confusion.

In America we also felt the tremendous force of a people's demand that its public and political institutions and its private corporations or institutions affected in law or in fact with a public interest be made responsive to the needs of the public that they purport to serve. Isn't it clear that this power of the masses

of the people, enslaved today in some countries, constitutes the real wave of the future? Isn't a sympathetic recognition of the rightfulness of this power the key to successful leadership in free countries?

If any private institution is affected with a public interest, it is a voluntary hospital and if any demand of a people conscious of its power is obvious, it is the demand for an equal opportunity for health and an equal opportunity to be cured of disease. It is intolerable in a democracy that a man's health should suffer because of his poverty. What good is the right to vote or the right to the pursuit of happiness if you are sick in bed when with greater hospital opportunity you could be cured.

It is not the purpose here to attempt to propose ways and means by which hospitals can increase the scope of their service to the point at which the ideal of equal health opportunity approaches a reality. We are concerned about educating the hospital trustee and contending that the beginning and ending of his education is to learn that his hospital exists by permission of the people, that the hospital needs of the people must be efficiently met to the limits of the hospital's facilities and that the hospital needs of all of the people must ultimately be met by the hospitals as a whole, state, municipal and private.

In the gigantic task of meeting the hospital and medical needs of 130,000,000 people adequately and fairly, there must be the fullest cooperation between government and the voluntary hospitals and among the hospitals themselves in their united fund-raising activities, in the furtherance and development of hospital insurance plans and in other aspects. There must also be cooperation between the hospitals and social agencies that work for the welfare of the public and the most sympathetic cooperation between the hospitals and the doctors on whom the great burden of the work must fall.

In the light of this conception of the increasing responsibility of the hospitals the trustee's decisions on matters of policy may be difficult to carry out but they can be made consistently on the basis of general plans designed for the continued improvement of the public's welfare.

Eighteenth Century Board Meetings

WHEN the London Hospital was started in 1741 the governors selected a secretary who, for 10 guineas yearly, was required to reside near the infirmary; to write all letters to noblemen and others; to attend all courts and committees; to attend the house visitors twice a year from 11 to 1 and not to be absent without leave from the chairman; to collect subscriptions; to keep a register of patients' names; to keep the accounts; to make out all summons, and to perform all the other work usually performed by secretaries.

Small wonder that he applied for a "rise" to £25 a year. Apparently such affluence, finally acquired, went to his head, for we read later that he embezzled some £400 of the charity's money. In those days managers, or governors, met every Tuesday week at one of the taverns at 7 p.m. to discuss details of administration. Apparently the meetings in those days were livelier affairs than many of them are today. On one occasion,

after sitting too long and apparently imbibing too freely, the governors agreed not to hold the meetings in taverns any more "it being represented that it was improper."

After sixty years of such administration, we find the house committee of London Hospital reporting "apparent extravagances highly reprehensible" and recommending that an expert thoroughly conversant with the management of such establishments be engaged to look into the whole matter and to advise the committee as to economy.

The incumbent was the Rev. Mr. Mudge. Apparently his work proved successful, for we read of greater comfort to the patients, greater cleanliness and greater economy. When he retired, they gave him £650 "as a thank offering for the zeal, talents and exertion he so constantly and successfully practiced."

As a result of this successful experiment, it was decided to make the post of superintendent permanent.

Radio—Ambassador of Good Will

JOHN M. STACEY

Administrative Assistant, St. Luke's Hospital, New York City

IT IS now well established that radio entertainment may be the source of much enjoyment and comfort to the patient "on the mend." Certainly, many patients derive mental and physical relaxation and, probably, real therapeutic value from this diversion from sickroom routine. St. Luke's Hospital, New York City, recognized that radio has a place in the hospital as early as 1922 when a central system, now outmoded, was introduced. In 1941, after a study of hospital radio problems, a new system was designed with the aid of radio engineers and installed in the Scrymser House for Private Patients.

In many hospitals radios create a definite problem. Loud-speakers are disturbing to say the least; the many electrical motors, x-ray and diathermy appliances may produce an annoying amount of "man-made static." In some hospitals building construction or other factors cause so-called "dead spots," as far as radio reception is concerned. All of these points had to be considered in planning the new system at St. Luke's.

The installation of a conventional centralized radio system, such as may be found in many hotels and hospitals, was ruled out. Although this type of system is relatively inexpensive, it is limited in its selections of stations and is sometimes difficult for the patient to operate. A more important objection to this installation, however, is that it is not adaptable to recent radio developments, such as frequency modulation and television.

In cooperation with a firm interested particularly in radio service for hospital patients, a system was designed which, it was felt, would provide the best of radio facilities for St. Luke's private patients and, if successful, doubtlessly would interest other hospitals.

As a primary step, the radio engineers proceeded to locate and clear

up remediable causes of noisy radio reception. This was accomplished by installing filters throughout the building on machines, such as dishwashers and other electrical appliances, that were determined by test to be pro-

may be placed beneath or on top of the pillow, may be hung over the back of an easy chair or placed on top of the bedside stand. Dual volume control prevents the volume being turned up to a degree that might disturb other patients but there is ample volume for good reception for

Help out your fellow engineers and hospital plant workers by mailing in answers to one or more of the following questions. The best answers submitted will be published next month or in a later issue. Why not ask the advice of other engineers on any problem that is bothering you? Address your questions or answers to: Department of Plant Operation, The MODERN HOSPITAL, 919 North Michigan Avenue, Chicago.

1. What are the duties of the hospital engineering department in case of fire (or fire alarm)? How often should fire drills be held?
 2. Is it economically feasible to use an economizer in the incinerator to heat water? Is it necessary to have auxiliary fuel in order to do this?
 3. What is the most economical and efficient way to heat water in hospitals?
 4. Can you get an outside firm to clean the grease traps in return for the grease which they contain? Is such an arrangement satisfactory?
 5. Are there nonskid paints that are satisfactory for use in hospitals?
-

ducing "man-made static" interference.

To eliminate the problem of "dead spots" throughout the building, a special antenna system was installed. This provided a master antenna located on the roof with downleads and connections running to each room through the conduit pipes, formerly a part of the hospital's obsolete central radio system. An antenna amplifier ensured equal signal strength for all outlets throughout the building.

Custom designed radios were constructed to fit into bedside tables of the same type as those in use in all private rooms. These radios provide a wide performance range and keen sensitivity and are so placed in the table as to facilitate ease of operation by the patient independent of nursing or other help.

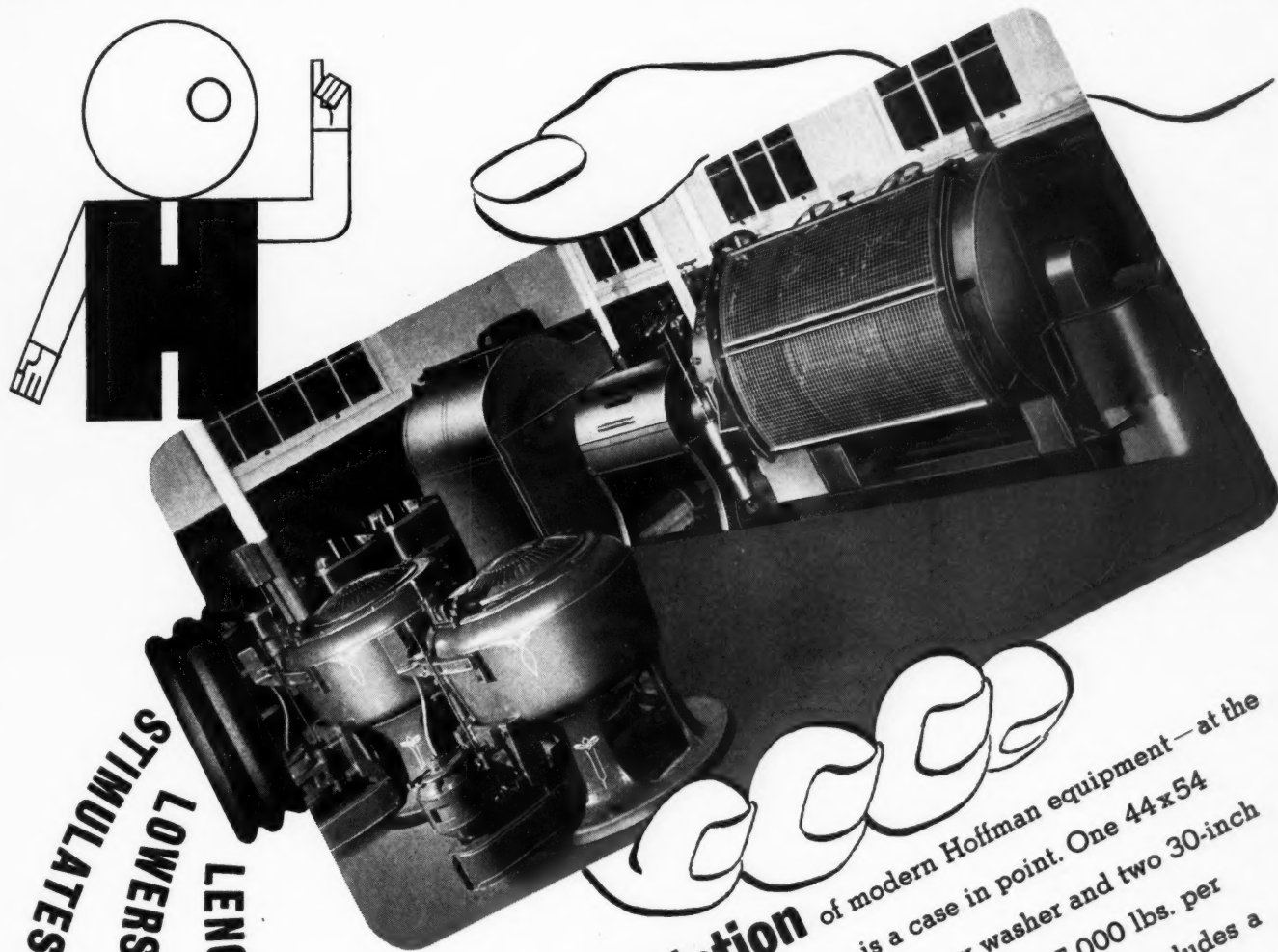
Instead of blaring loud-speakers or head phones, a special reproducer is standard equipment. This device

the individual patient. Through especially designed ear molds and receivers, radio entertainment is made available also for patients who are hard of hearing.

Provision has been made for broadcasting services from St. Luke's chapel as well as other hospital events over a certain frequency allocation designated as Station HOSP. Frequency modulation programs are also broadcast over the HOSP wavelength.

The initial cost of a system such as has been briefly described is at least equal to that of a centralized radio system and the maintenance is more complicated. However, the ultimate worth of the system is more than proportionately greater. To all intents and purposes radio entertainment, formerly an administrative headache, has become an ambassador of good will in the furtherance of pleasant patient relations in our hospital.

HOFFMAN HAS THE RIGHT "MEDICINE" FOR AILING HOSPITAL LAUNDRIES!



STIMULATES LAUNDRY PRODUCTION
LOWERS LAUNDRY COSTS
LENGTHENS LIFE OF LINENS

This installation of modern Hoffman equipment—at the Memorial Hospital, Pawtucket, R. I.—is a case in point. One 44x54 "Shell-less" washer, one 30x36 auxiliary washer and two 30-inch extractors have an ultimate capacity of around 15,000 lbs. per week—yet occupy only 208 sq. ft. of floor space. This includes a 5'6" aisle between washers and extractors. Over 400 feet would have been required to process the same poundage with ordinary equipment; the extra speed and capacity of the "Shell-less" washer save nearly half the space that would otherwise have been used!

U. S. HOFFMAN

MACHINERY
CORPORATION
107 Fourth Ave. • New York, N. Y.

COMPLETE LAUNDRY EQUIPMENT SERVICE FOR THE INSTITUTION

How Much Fuel Do Diesels Use?

W. F. SCHAPHORST

Consulting Engineer
Newark, N. J.

"IN THE event that we should install a diesel engine in our hospital how much fuel would it consume?" That question is often asked by officials who are considering the use of a diesel for power purposes.

It is an important question that is too often sidestepped by salesmen who avoid committing themselves. Usually, they reply, "It all depends upon the size required," or words to that effect, and the prospective user is mystified by the intricacies of the situation.

In an effort to answer the question of fuel consumption, I have gathered data on modern diesels of various sizes and have prepared the following table. This tells at a glance what good diesels are doing today, the horsepower varying from the smallest sizes up to and including 3000 h.p. The table applies to full load conditions.

Table 1—Pounds of Fuel Used per Horsepower per Hour

Horsepower	Fuel
50- 60.....	0.45 to 0.44
60- 70.....	0.44 to 0.43
70- 110.....	0.43 to 0.42
110- 260.....	0.42 to 0.41
260- 500.....	0.41 to 0.40
500-1000.....	0.40 to 0.392
1000-2000.....	0.392 to 0.391
2000-3000.....	0.391 to 0.390
3000 and up.....	Slightly less than 0.39

Thus, if your requirements are small—50 h.p. or even less—you can figure on a fuel consumption of 0.45 pound per horsepower per hour with a modern engine. If you need a 100 h.p. diesel, the consumption will be about 0.42 pound per horsepower per hour.

The table shows that with increase in engine size the fuel consumption improves rapidly from the smallest sizes to 500 h.p. From 500 to 1000 h.p. the improvement is less rapid, and from 1000 to 3000 h.p. the improvement is slight, being practically 0.39 pound per horsepower per hour for all of the sizes in that range as well as for larger sizes.

Should you want to determine the efficiency of any engine size with any

fuel, multiply the Btu. value of the fuel per pound by the number of pounds per horsepower and divide the product into 2546.

As an example, if the fuel contains 20,000 Btu. per pound and you will require a 500 h.p. engine, the table shows that you must multiply 20,000 by 0.40, which gives 8000 as the product. Now divide 2546 by 8000 and it will be found that the engine will have an efficiency of 31.8 per cent, which is a high efficiency as compared with most engines of other types. It means that 31.8 per cent of the heat contained in the fuel will be converted into work. Even at 0.45 pound of fuel per horsepower per hour, other conditions being the same, the efficiency will be 28.3 per cent, which is high efficiency for any engine.

The foregoing figures relate solely to diesels that are carrying 100 per cent load, which means that conditions are best for minimum fuel consumption. However, since diesel engines are commonly operated at less than full load, it is also important that prospective users should know what the fuel consumption at such loads will be. This information should be known in advance.

Table 2—How to Figure Fuel Consumption on Fractional Loads

Per Cent of Load	Multiply Figures in Table 1 by
100 to 85.....	1.000
85 to 70.....	1.010
70 to 62.....	1.035
62 to 56.....	1.060
56 to 52.....	1.085
52 to 48.....	1.110
48 to 46.....	1.136
46 to 44.....	1.160
44 to 42.....	1.183
42 to 40.....	1.210
40 to 38.....	1.232
38 to 36.....	1.260
35.....	1.306
34.....	1.327
33.....	1.348
32.....	1.370
31.....	1.392
30.....	1.415
29.....	1.438
28.....	1.462
27.....	1.486
26.....	1.511
25.....	1.536

Under average conditions, using the good diesels mentioned earlier, the figures shown in Table 2 are applicable.

Thus, for example, if you should be contemplating a 100 h.p. diesel and if it is probable that the engine will be operating at 25 per cent of full load most of the time, as is not at all uncommon in practice, the fuel consumption at that load is obtained by multiplying the 0.42 in the first table by the 1.536 in the second table. The result is 0.42 by 1.536 = 0.645.

In other words, the fuel consumption will be approximately 0.645 pound per horsepower per hour, or 64.5 pounds per hour for a 100 h.p. engine.

Electricity Costs

How does the average 100 bed hospital determine the cost of electricity per day for lights, laundry equipment and electrical appliances? We operate our own laundry, which is not on a separate meter. How can we separate the cost of operating the laundry from the utility cost of operating the food department?—F.R., Ark.

To determine accurately the cost of electric current consumed by the various hospital departments requires the installation of meters on each of the feeder lines which lead to these departments.

However, most local utility companies will install, free of charge, for a month or two, test meters by which the unit costs for electric power per pound of laundry, per meal served and per patient day can be determined or an approximate distribution of the total electric costs can be set up.

Because power costs should be included in the laundry operating costs, it is desirable to have a watt-hour meter installed on the laundry power feeder line. In electrically equipped kitchens the current cost forms an important part of controllable food costs; hence, a similar meter should be installed on the lines serving this department.

To establish a distribution without some initial meter reading basis at best can be only a rough estimate based on the estimated loading and the operating time of electric motors, lights and appliances installed.—R. STARR PARKER.



EMULSEROL

A Suitable Laxative in the Constipation of Advanced Years

The discovery that mineral oil may prevent the absorption of carotene in the diet presents a serious drawback to the use of preparations containing it. This is especially true in the case of elderly patients, whose diets are often none too abundant in vitamins.

Emulserol,* however, contains enough preformed vitamin A (from fish livers) to compensate for the carotene dissolved, in this way obviating the danger of vitamin A deficiency through its use.

Emulserol is an emulsion containing 80% of mineral oil by volume and 8,000 units of vitamin A per ounce. It is offered in two forms: Emulserol (Plain) and Emulserol with Cascara. The latter contains, in addition to the mineral oil and vitamin A, the equivalent of 15 minims of fluidextract aromatic cascara per ounce.

Both forms of Emulserol are available in 12 ounce bottles

*Trademark Reg. U. S. Pat. Off.

Upjohn

KALAMAZOO, MICHIGAN



Fine Pharmaceuticals Since 1886

A Study in Organization

HERMINA ZIPPLE

Director, Memorial Union Building and University Food Services
University of Kansas, Lawrence

LAWRENCE Memorial Hospital, Lawrence, Kan., was built in 1929 to accommodate 50 beds; in 1938 a new 25 bed wing was added. The hospital, with the nurses' home and power plant, represents a total valuation of \$356,000. It has been entirely self-supporting, except for a small tax allowance because it is the city hospital. This allowance covers about five weeks of operating expense annually. The hospital is accredited by the American College of Surgeons.

For some time the hospital staff realized the incompleteness of its dietary department which, from the beginning, had been left unorganized. The preparation and serving of food were the responsibility of a

cook, an assistant and two diet maids. This proved to be unsatisfactory because of poor preparation and the high cost of food per patient per meal. The hospital staff was unhappy because of lack of variety in the menu and there was some criticism from patients.

The superintendent, as well as the hospital board and the doctors, was eager to effect a change toward better food for patients and staff. The assistance of the University of Kansas was enlisted and the director of university food services was asked to survey existing conditions and to make recommendations.

The survey showed that general purchasing was being done on a day to day basis with only sufficient

canned goods on hand to be used within the month of purchase. Canned goods were being purchased in No. 2 or No. 2½ cans. Other staple items were purchased in small packages instead of in those of institutional size. Only fancy grades of canned fruits and vegetables were purchased.

Fresh fruits and vegetables and some staple items were bought from retail firms in the town by rotation, each merchant being allowed one month of business; no comparison of price or quality of merchandise was made. Dairy products and ice cream were being purchased in the same manner.

No perpetual inventory was being kept to allow a day to day check on goods taken out of the storeroom with a final check of the monthly inventory at the end of each month.

Three stages in food service at Lawrence: cart holding trays that are ready to be served (below); bedside tray service (right), and one of the racks where trays are placed after a between-meal setting in a floor diet kitchen.



Before reorganization at Lawrence only fancy grades of canned fruits and vegetables were purchased, no account being taken of choice and standard grades that might be used without impairing quality of the finished dish.





What is Quality Control?

Quality Control is simply a systematic and exacting technique for assuring you of receiving the specific meats that experience has taught you will please your customers and mean their continued patronage and your continued profitable operation. It can be outlined as follows:

1. You establish a set of standards for us for the kind of merchandise you want: ALL specifications. This information is recorded in your own Quality Control File.
2. Every order you send in is immediately checked against this individual file. No need to go into details; we know what you want and you will receive exactly what you want.
3. The same personnel handle your order every time—another guarantee of meeting your particular requirements. Skilled employees assure your complete satisfaction with quality and service.

Quality Control means that you will receive your order, as you want it and when you want it. Pfaelzer Brothers have the sincere desire to give their customers the best service and quality possible and Quality Control is the method that guarantees it—satisfaction all around, for us, for your customers and for YOU. Write today for New Illustrated Price List and Personalized Service Book.



A SECTION OF OUR QUALITY CONTROL DEPT.

PFAELZER BROTHERS

America's Finest Meats and Poultry

General menus, too, were being planned from day to day or from meal to meal, with the probability of repetition because the cook had forgotten what had been prepared a few days back. No menus were being made for general, soft and liquid diets, the planned menu for the meal being adapted to each patient as well as could be done. Bakery products (pies, cakes, cookies, breads), salad dressings and soups were being purchased rather than prepared by cooks. No recipes were being used in food preparation to standardize the product and the amount prepared.

Employees came to the kitchen to serve themselves and then went to the dining room to eat. This meant that the amount of food prepared was sometimes insufficient and sometimes excessive. It also meant that only bits were left for late-comers.

Tray service to patients came from the diet kitchens on each floor where food was served from an electrically heated food cart.

In making a survey of kitchen employees' schedules and wages, it was observed that wages were too low to attract the type of person who would be sufficiently interested in her job to turn out a perfect product and to be economical in the use of materials.

Upon completion of the survey, the board asked the university to permit the director of food services of the university to supervise the new department and requested the assistance of a part-time university dietitian. These requests were granted and the board voted that the new department be organized at once. It also asked for resignations of all former hospital kitchen employees so that the new organization might have the fullest cooperation.

The present organization procedure may be described briefly as follows:

A recipe file of standardized recipes and portions was prepared. All recipes used are cost accounted. Inventory cards showing goods purchased, amount, firm from which purchased, brand, date, unit price and total cost were organized. These cards also show food items issued from the storeroom daily as well as the monthly inventory, which is taken on the last day of each month and is recorded on the cards in red ink.

Storeroom issue sheets showing date, goods issued each day, brand,

size of can and amount were also prepared. Requisition books on each floor record daily nourishments required for patients as well as supplies for baby formulas. These are approved by the head floor nurses and are filled from the main kitchen by the diet maid. At the end of each month a total is taken to calculate the total special nourishments for floors and this total is used in making up the monthly report.

Monthly reports show a list of firms from which purchases have been made and the total amount of the bill. A second report shows the actual food cost per month, arrived at by calculating differences in inventories at the first and the last of each month and by adding the food purchases made during the month. This report also shows the total number of patients, nurses, other employees and guests served and the cost per person per meal.

A daily record book shows the number of patients and staff served and a daily total at the end. A daily chart gives the list of patients on each floor, room number and type of diet for each patient and has a column for additional remarks concerning the diet of the patient; this is posted in the diet kitchen on each floor. From this listing, the main kitchen receives its instructions of amounts of food to be prepared for various diets.

Master menus are made for a period of one week in advance and are used to plan general, soft and liquid diets for patients for the same period of time. Special diets are planned as they arise, master menus being used as a basis.

The employees consist of a cook who was trained in one of the university food units and, therefore, is accustomed to standardized recipes and to achieving high standards for preparation; an assistant cook who was a young, untrained but willing person; a full-time person to act as waitress for the staff dining room and to assist at the dishwashing machine, and a diet maid for floor diet kitchens whose responsibility it is to clear and to reset trays for patients, clean the diet kitchens, bring soiled dishes from the floors to the main kitchen and to assist in serving of patients' trays. A part-time student acts as dishwasher.

Much good will has been created as a result of serving the staff in the

regular staff dining room. Wages of all employees have been increased. No increase in kitchen personnel has been made, except the part-time student dishwasher who gets his meals as remuneration, but by better utilization of available labor more work is achieved.

Purchasing of canned goods and staples is done through a wholesale firm and a regular buying day has been established for each week. The storeroom inventory has been gradually increased until the amount of goods on hand is about seven times the former supply. Advantage has been taken of excellent prices and stocks have been increased to take care of rising prices. Canned goods are sampled, according to grades; count and weight are taken, and the unit price is calculated for comparison; only then are purchases made. Canned goods are purchased in No. 10 cans and in case lots. Daily purchases are made where the best prices can be obtained. Fresh fruits and vegetables are purchased from a wholesale produce company and are served in abundance.

Standardized recipes and portions are used in all preparation. The cook is responsible for all food preparation with the exception of salads and vegetables. Pastries, cakes, cookies, salad dressings and soups are now prepared by the cook in the main kitchen. Salad and vegetable preparation and salad making are duties of the assistant cook, who also serves food at mealtime from the electrically heated food carts in the diet kitchen and assists with breakfast preparation.

While ordinarily it might be of advantage from a time standpoint to serve all patients' trays from a central serving unit in the main kitchen, this could not be accomplished at Lawrence Memorial Hospital as the main kitchen is in the basement on one side of the hospital and the diet kitchens are in the center of the building.

Much small equipment has been purchased to replenish worn and obsolete items. Some rearrangement of the large kitchen equipment has been necessary for greater efficiency.

The food cost per patient per meal has not exceeded \$0.159 during any month since the department was reorganized and has been even as low as \$0.134.

For Children Under 12

Dole Pineapple Juice is a good source of Thiamin and Ascorbic Acid





Authoritative analyses and assays accepted by the Council on Foods and Nutrition of the American Medical Association show that a 6-oz. serving of Dole Pineapple Juice (approximately 100 calories) contains 240 I. U. of Vitamin C (Ascorbic Acid) and 100 I. U. of Vitamin B₁ (Thiamin).

Notice the chart below. It indicates what Dole Pineapple Juice contributes to the daily allowances for specific nutrients recommended by the Committee on Food and Nu-

trition of the National Research Council. The left-hand column gives recommended amounts. The right-hand column represents the percentage of the recommendations found in a 6-oz. serving of Dole Pineapple Juice.

Dole Pineapple Juice is also a good source of Vitamins B₁ and C for men and women. It is tempting to healthy appetites and easily assimilated. It is the true, undiluted juice of sun-ripened pineapples and a satisfactory addition to the fruit juice diet.



Percentage contributed to daily recommendations by a 6-oz. serving of Dole Pineapple Juice	THIAMIN B₁		ASCORBIC ACID C	
	Rec. N.R.C. Mgs.	DOLE	Rec. N.R.C. Mgs.	DOLE
 1 - 3 Years	.6	50%	35.	34%
 4 - 6 Years	.8	38%	50.	24%
 7 - 9 Years	1.0	33%	60.	20%
 10 - 12 Years	1.2	25%	75.	16%

DOLE Hawaiian Pineapple Juice

FROM
HAWAII
U. S. A.



Do Your Christmas Planning Now!



IT'S none too early to start planning those tray decorations and menus for Christmas. Possibly we'll have to call upon more outside help this year, what with a shortage of workers and various other problems facing us. No matter what the situation is, of one thing we're certain—we're going to have Christmas and it must be celebrated properly. Particularly, this year have we need to say "Peace on earth, good will to men," though it may seem a bit inconsistent in a world at war.

This is not the time for wishful thinking. We have work to do.

How about a Christmas gift package? We have Lorene Kulas' word for it that it is original. You will remember that Miss Kulas, who is dietitian at Grandview Hospital, La Crosse, Wis., has contributed numerous interesting ideas on tray favors during the last year. She fills small pill boxes taken from the drug room with tiny sugar candies. On the regular prescription label she writes, "Take one pill after each meal until pills are gone. Signed, Dr. Santa Claus."

The little boxes are wrapped in white paper, plain white paper napkins to be exact, and tied with red cord. The patient's name and room number are put on a tag. It is not surprising that these pill boxes are

enjoyed. Miss Kulas has also wrapped fruit cake in wax paper and then in silver paper tied with a cord.

Of course, there is no end to ways by which figures of Santa Claus may be devised, some of them amusing, others purely artistic. One old favorite is to use large red apples, with cotton. Red cellophane, in place of a cotton cap, adds a modern touch, particularly when the old gentleman also carries a small glassine bag of candy. If you don't mind a bit more work, a Santa made of popcorn possesses real distinction. Red candies, or cloves for that matter, may be used for his eyes, nose, mouth and buttons, and cotton for cap, beard and belt.

The snow man ranks second only to Santa Claus in popularity. R. Alberta Hughes, at Good Samaritan Hospital, Cincinnati, tells us that Sister Mary Lucille, the housekeeper, designs one of four marshmallows and five whole cloves. Two marshmallows are used for the legs, one for the body and one for the head. She recommends cutting off the sides of the two marshmallows used for the legs so that, when joined, they stick well. The parts cut off can be used for arms, these being fastened with toothpicks before the head is placed on the body. The cloves serve as eyes, nose, mouth and buttons.

A ski man is a third possibility, quite different, and not so difficult to create, either. Miss Hughes uses pipe cleaners for the legs, body and arms. A small round piece of candy or paper wad becomes the head, which is covered with red or white crêpe paper and fastened to the top end of the pipe cleaner. A face is painted on the head. Red crêpe paper pants, blouse and hat comprise the costuming.

Here is another idea that Miss Hughes offers. She calls it the chimney candy cup. Out of red construction paper she fashions a high narrow box on which she paints bricks in white ink. One end is covered with red crêpe paper and the box filled with candy. Cotton pasted around the top opening to resemble snow adds a realistic touch. To save time and effort, the box can be made of white paper and covered with crêpe paper already blocked.

For obvious reasons it may seem expedient to be less ambitious in our effects. There is always that old stand-by, the Christmas candle. A circle about 2½ inches in diameter is cut out of red or green construction paper, on which a marshmallow is pasted. A tiny red or green candle is then stuck into the marshmallow and a red or green life-saver mint is affixed as a handle, with a red or green cord. Other color schemes may be used if desired, as, for example, a silver paper base and a white life saver with a red or green candle.

Christmas trees of endless variety are possible at little cost or effort. One of the simplest effects is gained by cutting two trees out of green construction paper, placing them together and stapling them in the center. Both trees are then folded in half toward the outside and this permits the tree to stand. The final touch is a gold star placed on top.

Another type of tree is that made of 2/5 of a circle of green glossy paper, 7½ inches in diameter, folded in cone shape. The trunk, 5 inches long, is made of a stick with the same covering. The base is a gum drop. Final decorations are silver stars and crescents pasted on the green surface.

v!

bility,
fficult
s uses
y and
candy
head,
white
e top
ace is
crêpe
prise

Miss
chim-
struc-
nar-
bricks
vered
box
asted
mble
save
made
with

seem
n our
old
e. A
ter is
ction
w is
andle
allow
nt is
d or
may
le, a
life

riety
ffort.
ined
reen
n to-
cen-
d in
per-
final
p.
made
aper,
cone
g, is
over-
final
cres-
e.

TAL



ONE WAY TO HELP
*Keep America
on the Job!*

Remember to serve Ralston Wheat Cereal
because of these 3 facts:

**MADE FROM WHOLE WHEAT WITH ONLY
COARSEST BRAN REMOVED... Ralston is
a nourishing "energy" food.**

**ENRICHED WITH ADDED WHEAT GERM
... Ralston is extra-rich in "natural"
vitamin B₁.**

**WHEAT GERM IN RALSTON IS STABILIZED
... it will not deteriorate under normal
conditions.**

**FREE
BOOKLET**
24-page illustrated
book giving valuable
resume of latest scien-
tific data on whole
wheat. Available to
professional groups.



Ralston Purina Company
908 B Checkerboard Square,
St. Louis, Missouri

Please send me 24-page book,
"Whole Wheat" and samples of
Ralston Wheat Cereal.

Name _____

Address _____

City _____ State _____

There is no comparison, of course, between these more usual favors and a tiny tree made from real spruce boughs stuck into an apple. Decorated with tinsel, tiny balls, trinkets, a tiny bag of candy and a new penny, these have brought delight for many years to patients at Salem Hospital, Salem, Mass. A lady of the community makes these.

Like favors, the Christmas place card may be simple or elaborate depending upon the resources available. One rather formal type is cut from red construction paper 3 inches long and 1 inch wide. On this is pasted a piece of silver paper 2½ inches by ½ inch. A wire covered with red crêpe paper is twisted into a circle and affixed at the bottom to the card. A red paper ribbon multiple bow is also fastened on the card with a sprig of holly, artificial or real, as desired.

Probably the simplest type of name card is plain white with a Christmas seal at one end. Take the same type of card and affix to it a small Christmas tree cut out of green construction paper, bent over so as to stand upright, with the name printed in red ink on the card. The response will be well worth the extra effort.

By all means try to do something interesting with the menu card. Last year Grace Carden, Strong Memorial Hospital, Rochester, N. Y., used two pieces of construction paper, one red and the other white, cut in the shape of a bell and stapled together. On the white card underneath was printed the menu. The two cards were tied at the top with a bit of evergreen and a red cellophane bow. Incidentally, these bells cost approximately 2 cents apiece.

A simpler type of menu is that of a Christmas tree silhouette cut out of green drawing paper. The menu is written in white ink on the inside fold.

We must be careful, however, not to exhaust all our ideas for the Christmas tray. Remember, we have New Year's Day to reckon with as well and we want to get off to a right start. Again, Miss Kulas comes to our rescue with a clock which she designed herself after numerous frantic efforts to find something suitable. It is not colorful, she admits, but it was enthusiastically received, nevertheless. She took a marshmallow (whatever would we do without them?) and with pen and ink placed

numbers on it as on a clock. The hands she fixed just after 12 o'clock. Two pieces of toothpick for the legs and a piece of pipe cleaner for the handle and, lo and behold, she had an alarm clock.

Those yule logs that Sister Mary Lucille designs so cleverly at Good Samaritan Hospital, Cincinnati, are as suitable for New Year's as for Christmas. She cuts pieces of wood 2 inches in diameter leaving the bark on but hollowing out the inside, which can be filled with candy. She sprinkles each piece with silver snow and ties it with red paper ribbon.

Always welcome is the calendar greeting. A small calendar, 1½ by 2½ inches, is glued on a black cardboard, 3½ by 5 inches. To this a small silver bell is tied with a silver ribbon. A white paper sail pasted on an applicator and stuck into a gum drop, which, in turn, is pasted to a white card, serves as greeting, particularly when the sail bears the appropriate message, "Happy sailing for 1942."

It makes little difference how we say it so long as the patient knows that we are trying to make his holiday in the hospital happy.

RECIPES BY REQUEST

Baked Eggs in Potato Puffs (Thirty-Six Servings)

6 pounds potatoes
41 eggs
2 teaspoons salt
Pinch of pepper
½ pound butter

Boil or steam potatoes. Mash well. Add five eggs, one at a time, beating well after each addition. Add butter and beat until fluffy. Pile in greased muffin tins. Make a depression in the center of each and break a raw egg into it. Bake until potato shell is brown and the egg set. Serve immediately.

Rice Croquettes

6 pounds uncooked rice
1/3 cup salt
3 cups milk
¾ pound butter
1½ dozen eggs
¼ teaspoon cayenne
1 cup parsley, chopped

Cook rice as for boiled rice. Heat milk and butter together, add to the beaten eggs and pour into the drained rice. Add cayenne and parsley. Shape into croquettes with hands and roll in fine bread crumbs. Fry in hot fat, drain on paper and serve hot.

Southern Dinner (Fifty Servings)

12 cups uncooked rice
8 bunches celery
8 pounds onions
8 cups fat
24 pounds pork shoulder
8 pounds mushrooms
4 pounds dried lima beans
8 quarts tomatoes
½ cup salt

Clean and cut up celery stalks and leaves. Fry celery until transparent in half the fat in tightly covered kettle.

Brown pork, cut into small pieces, in remaining fat. Cover and cook slowly for thirty minutes. Wash and cook rice. Drain and combine with other ingredients. Bake in moderate oven until heated through.

Cheese Dudley (Fifty Servings)

7 pints cheese, grated
21 eggs
7 pints whole milk
3½ ounces butter, melted
2 teaspoons salt

Beat eggs stiff. Stir all other ingredients into eggs. Put in buttered baking dishes. Set in pans of hot water and bake in moderate oven (350° F.) for forty minutes or until brown.

Luncheon Eggs (Twenty-Four Servings)

8 ounces onions, finely chopped
4 ounces butter
3½ ounces minute tapioca
¼ ounce salt
½ teaspoon pepper
3 quarts canned tomatoes, drained (reserve juice and heat)
2 ounces sugar
24 eggs, hard-cooked
7½ ounces cheese, grated
2 tablespoons parsley, chopped

Sauté onions in butter until slightly browned. Add tapioca, salt and pepper to hot tomato juice and cook over rapidly boiling water five minutes, stirring frequently. Add onions, tomato pulp and sugar. Heat thoroughly. Stir as little as possible to keep tomato pulp whole. Pour hot sauce into greased baking dishes. Cut eggs in halves lengthwise and arrange in sauce. Sprinkle with cheese and bake in moderate oven fifteen minutes or until cheese is melted. Garnish with parsley.

The Newer Concepts of Meat in Nutrition

Meat . . .

and the Nitrogen Equilibrium in Wound Healing

TISSUE damage, traumatic or surgical, whether moderate or severe, leads to a notably increased nitrogen excretion and a considerable loss of body protein. The more severe the injury, the greater the loss. This excessive nitrogen wastage is due to the increased metabolism required to meet both the exigencies of repair and maintenance. If the food does not provide sufficient protein, the organism is required to catabolize its own nitrogenous reserves, which involves the undesirable loss of body nitrogen.

Cuthbertson and his co-workers* have shown that this increased nitrogen excretion can be allayed to a considerable extent by feeding a high protein diet. They recommend from 24 to 37 Gm. of nitrogen (from 150 to 230 Gm. of protein) daily during the entire period of illness. In their series of patients with frac-

tures a high protein diet tended to eliminate the latent period in wound healing and accelerate the reparative processes.

Meat, since its proteins provide all the essential amino acids, is especially suitable for inclusion in the diet during the reparative period. Since injury leads to lessened activity which in turn usually results in a diminished desire for food, the palatability of meat is a valuable feature in increasing the food intake during the convalescent period.

*Cuthbertson, D. P.: The Disturbance of Metabolism Produced by Bony and Non-Bony Injury, with Notes on Certain Abnormal Conditions of Bone, *Biochem. J.* 24:1244, 1930.

Cuthbertson, D. P.: The Distribution of Nitrogen and Sulphur in the Urine During Conditions of Increased Catabolism, *Biochem. J.* 25:236, 1931.

Cuthbertson, D. P.: Observations on the Disturbance of Metabolism Produced by Injury to the Limbs, *Quart. J. Med.* 1:233 (April) 1932.

Cuthbertson, D. P.: Further Observations on the Disturbance of Metabolism Caused by Injury, with Particular Reference to the Dietary Requirements of Fracture Cases, *Brit. J. Surg.* 23:505 (Jan.) 1936.

Cuthbertson, D. P.; McGirr, J. L., and Robertson J.S.M.: The Effect of Fracture of Bone on the Metabolism of the Rat, *Quart. J. Exper. Physiol.* 29:13 (Mar.) 1939.

Cuthbertson, D. P.: Quality and Quantity of Protein in Relation to Human Health and Disease, *Nutrition Abstr. & Rev.* 10:1 (July) 1940.

The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



American Meat Institute
CHICAGO

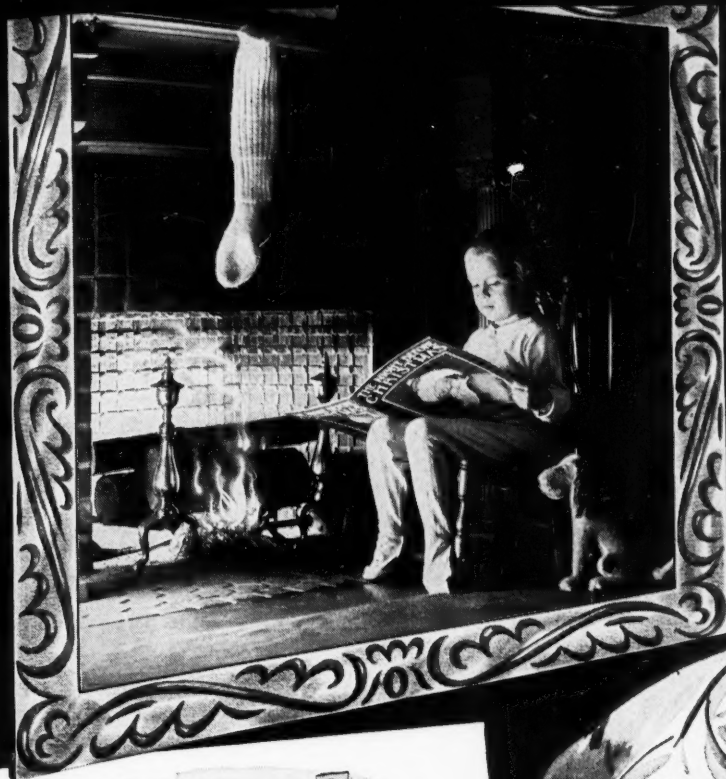
January Dinner Menus for the Small Hospital

Jessie Fischer

Dietitian, Molly Stark Sanatorium, Canton, Ohio

Day	Soup or Appetizer	Meat or Fish	Potatoes or Substitute	Vegetable	Salad or Relish	Dessert
1.	Consommé	Roast Duck, Apple and Prune Dressing	Mashed Potatoes	Baked Acorn Squash	Sliced Orange and Cherry Salad	Peppermint Ice Cream and Cake
2.	Cream of Pea Soup	Fillet of Sole	Escalloped Potatoes	Stewed Tomatoes	Tartare Sauce	Apple Cobbler With Cream
3.	Tomato Juice Cocktail	Baked Ham	Sweet Potatoes Florida	Spinach With Lemon	Carrot and Raisin Salad	Strawberry Shortcake, Whipped Cream
4.	Shrimp Cocktail	Meat Balls	Italian Spaghetti	Yellow String Beans	Celery, Carrot Sticks, Olives	Jelly Roll
5.	Fresh Fruit Cocktail	Fried Chicken	Mashed Potatoes	Frozen Peas in Cream	Cinnamon Apple Ring, Whipped Cream	Chocolate Fudge Ice Cream
6.	Chicken Gumbo Soup	Breaded Veal Chops	Parsley Potatoes	Buttered Carrot Strips	Fruit Salad	Rice Custard
7.	Vegetable Soup	Chop Suey	Rice or Noodles		Mixed Fresh Vegetable Salad, Roquefort Dressing	Prune Plums
8.	Cream of Tomato Soup	Cube Steaks	Browned Potatoes	Cut Green Beans	Waldorf Salad	Chocolate Roll, Marshmallow Filling
9.	Yellow Tomato Juice Cocktail	City Chicken Legs or Salmon Loaf	Potatoes au Gratin	Golden Bantam Corn	Cabbage Slaw	Butterscotch-Nut Pudding
10.	Corn Chowder	Roast Leg of Veal	Mashed Potatoes	Escalloped Tomatoes	Pineapple and Cottage Cheese Salad	Prune Whip
11.	Beef-Barley Soup	Escalloped Ham and Potatoes		Frozen Lima Beans	Celery, Carrot Strips, Radishes	Pineapple Upside-Down Cake, Whipped Cream
12.	Cream of Mushroom Soup	Chicken and Biscuits	Potato Puff	Buttered Cauliflower	Orange, Grapefruit and Coconut Salad	Grapenut Custard
13.	Tomato Bouillon	Roast Sirloin of Beef	Boiled Potatoes	Buttered Broccoli	Apricot and Cottage Cheese Salad	Chocolate Pudding
14.	Cream of Celery Soup	Salisbury Steak	Baked Potatoes	Buttered Green Beans	Celery Cabbage, Thousand Island Dressing	Applesauce, Sugar Cookies
15.	Orange and Grapefruit Cocktail	Roast Leg of Lamb, Mint Jelly	Mashed Potatoes	Succotash	Peach and Cherry Salad	Angel Food
16.	Clam Chowder	Fresh Scallops	Creamed Potatoes	Kernel Corn in Tomatoes	Tartare Sauce	Heavenly Rice
17.	Vegetable Soup	Calves' Liver and Bacon	Stuffed Baked Potatoes	Sliced Carrots in Cream	Frozen Fruit Salad	Filled Cookies
18.	Cream of Asparagus Soup	Stuffed Baked Pork Chops	Duchess Potatoes	Buttered Peas	Apple, Carrot, Date Salad	Pineapple Sherbet
19.	Orange and Grapefruit Juice	Meat Pie	Mashed Sweet Potatoes	Buttered Diced Carrots	Asparagus Salad, French Dressing	Strawberry Ice Cream
20.	Cream of Vegetable Soup	Tenderloin Steaks	Potato Balls	Pickled Beets	Pear, Cream Cheese and Nut Salad	Gingerbread, Chocolate Sauce
21.	Tomato-Barley Soup	Veal Stew	Mashed Potatoes	Peas and Carrots	Endive, Russian Dressing	Fruit Cocktail
22.	Apple Juice	Chicken Pie	Potato Puff	Escalloped Corn	Cottage Cheese and Pepper Salad	Pineapple, Bavarian Cream
23.	Fruit Cocktail	Fillet of Pickerel	Baked Potatoes	Frozen Spinach	Perfection Salad	Chocolate Layer Cake
24.	Potato Soup	Liver and Onions	Boiled Potatoes, Pimiento White Sauce	Buttered Celery	Sliced Tomato, Mayonnaise	Frozen Raspberries and Cream
25.	Mushroom Broth With Rice	Meat Loaf	Browned Potatoes	Buttered Brussels Sprouts	Blushing Pear Salad	Norwegian Prune Pudding, Whipped Cream
26.	Washington Chowder	Roast Chicken	Mashed Potatoes	Buttered Asparagus	Celery Stuffed With Cheese	Banana Custard
27.	Tomato Juice Cocktail	Rolled Ribs of Beef	Boiled Potatoes	Creole Tomatoes	Pineapple and Carrot Gelatin Salad	Chocolate Bread Pudding, Vanilla Sauce
28.	Chicken Noodle Soup	Baked Ham	Escalloped Potatoes With Cheese	Julienne Beets	Horseradish Sauce	Prune Plum Deep Pie
29.	Grape Juice	Porcupine Balls, Tomato Sauce	Baked Sweet Potatoes	Corn in Cream	Mixed Greens, Thousand Island Dressing	Vanilla Ice Cream
30.	Cream of Spinach Soup	Salmon Loaf or Lamb Stew	Mashed Potatoes	Yellow Wax Beans	Fresh Fruit Salad	Coconut White Layer Cake
31.	Vegetable Soup	Swiss Steak	Steamed Potatoes	Mashed Turnips	Head Lettuce, French Dressing	Fruit Gelatine, Whipped Cream

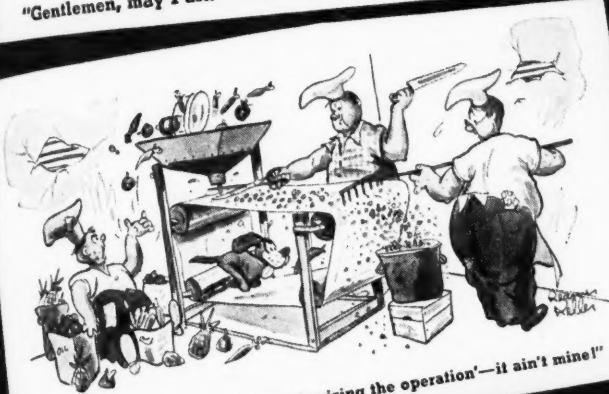
Recipes will be supplied on request by The MODERN HOSPITAL, Chicago.



"MAYBE SANTA CLAUS
WILL PUT ONE
OF THOSE
HOBARTS
IN MY STOCKING!"



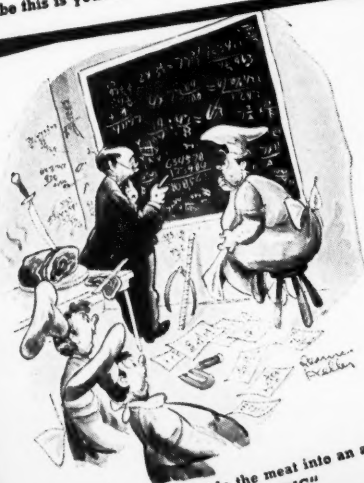
"Gentlemen, may I ask — which is peel and which is potato?"



"Maybe this is your idea of 'mechanizing the operation' — it ain't mine!"



"Lately I don't seem to feel that Creative Spirit about this work"



"They're trying to divide the meat into an accurate
COST PER SERVING"

HOBART FOOD MACHINES
MIXERS • DISHWASHERS • FOOD CUTTERS • SLICERS • PEELERS
THE HOBART MFG. CO., TROY, OHIO

Maybe It's the Uniform!

THE important psychological effect of a uniform on its wearer and on the morale of his group has been generally recognized by military leaders since the middle of the eighteenth century. "Redcoats," "Bluejackets," "Kilties," "Richmond Blues," "Gray Ladies" and many other names call to mind certain pictures of action and illustrate the point that the deeds of the group are identified with its uniform. We can see its effect today among the men in our Army camps. Uniforms help to transform a body of nondescript individuals into a unit recognized as

a corps and to build loyalty to the corps and its standards.

Many hospitals have utilized this group loyalty and pride with highly satisfactory results. They have recognized proper uniforming as the first step in establishing group consciousness in training and improving the work of service employees.

Nothing could have been more impractical than some early military uniforms, yet appearance was the first consideration and practicability came later. In these days it is not necessary to make a choice between these qualities; the employee may feel that he looks well in his practical working outfit. He will hold his shoulders a little straighter, his chin a little higher and will do his work a great deal better. One has only to recall the lagging gait, the careless work of employees dressed in the drab old "insane asylum blues" in order to emphasize this point.

If each group of employees assists in the selection of its uniform, so much the better for group morale. Various models should be tried on for appearance, fit and comfort—a sort of style show on which to base the final choice.

Color and style of cut determine the appearance of the uniform. Blues and greens are likely to be becoming to most women provided the shades are not too harsh. Apricot, champagne and warm tans are popular; certain shades of pink are flattering and suitable. Yellow is attractive on younger women. Combinations with white, with contrasting color or with deeper tones of the same color are pleasing; the apron or trim may also be in another material, plain, in a check or other pattern. Vat dyed colors will retain their freshness under reasonable laundry practices. The darker colors, such as wine, purple and black, which are likely to "bleed" or "croak" and streak should be avoided in choosing uniforms.

MARY DeGARMO BRYAN

Head of Institution Management, Teachers College, Columbia University

Colors in service uniforms for porters and cleaners are more limited but are usually becoming. Those most frequently used are grays, dark blue, tans and browns. Kitchen employees wear fine blue and white checks, tan, light gray, white with a black and white pin stripe or all white.

Great improvement has been made in recent years in the style and cut of uniforms. It is difficult to believe that women wore the baglike gar-



Trim uniform for maid in use at a dormitory at Columbia University.

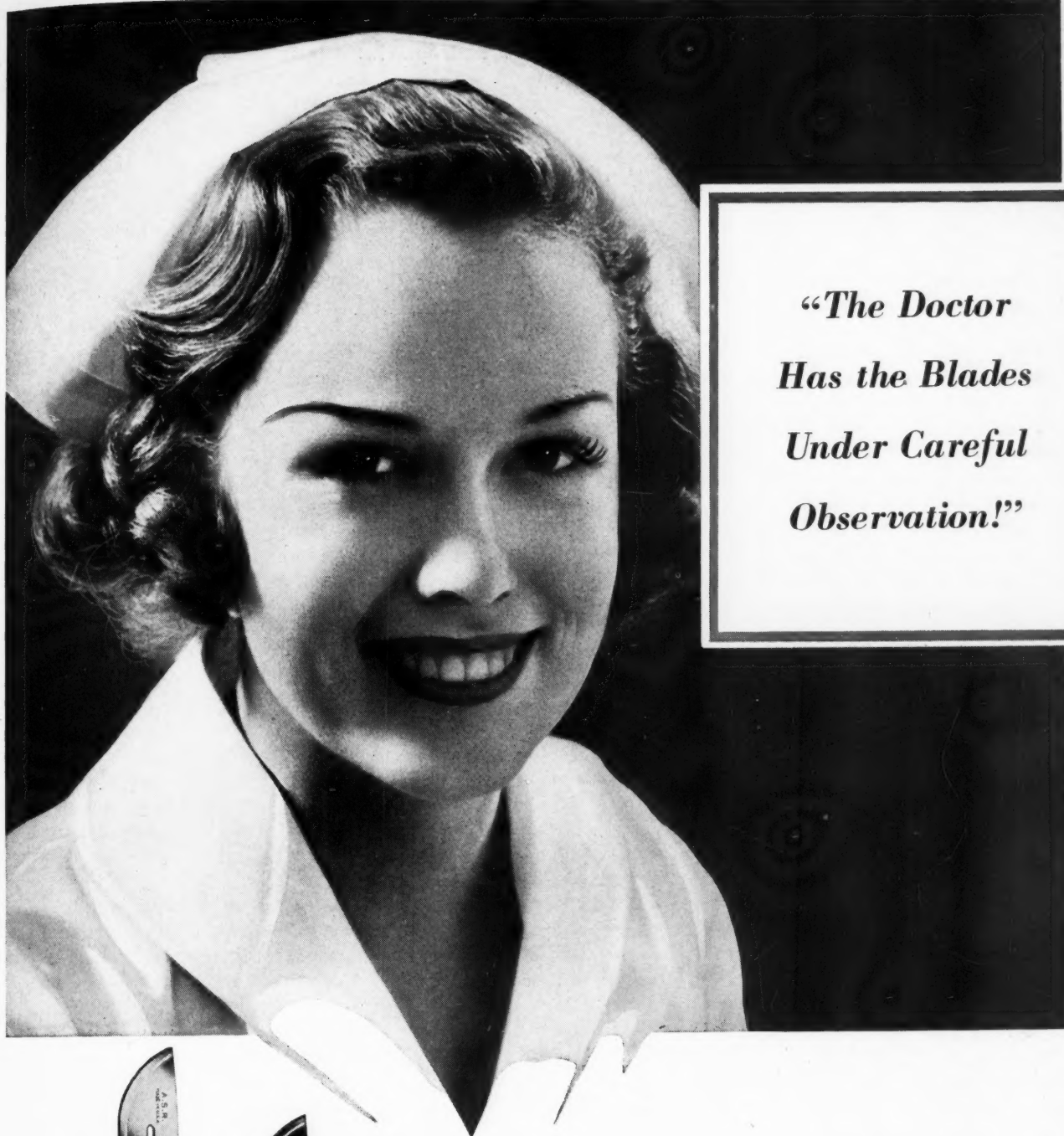


What the well dressed porter wears at Columbia University.

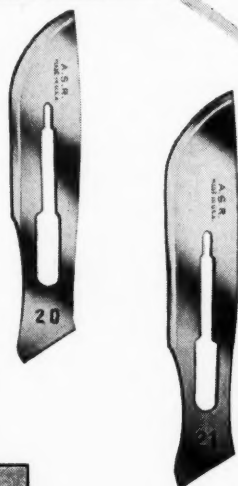
RYAN
iversity

s for
imited
Those
dark
n em-
white
with a
or all

made
d cut
believe
gar-



*"The Doctor
Has the Blades
Under Careful
Observation!"*



"Long years of practice have convinced the doctor of A.S.R. Surgeon's Blades' high standard of quality and never-deviating-degree of correct keenness. Just as the practitioner demands only the purest ingredients for his prescriptions, so the surgeon insists upon the high degree of uniformity and technical perfection that A.S.R. Surgeon's Blades supply. . . ." Won't you diagnose them? A post card will bring you samples, prices and details.

Surgeon's Division, A.S.R. Corp., 315 Jay St., Brooklyn, N. Y.

Available in sizes to fit all standard surgical handles



SURGEON'S BLADES
and Handles



ments illustrated in old catalogs or that men liked the tight coats and narrow trousers. The modern dress gives a smart appearance to figures which in themselves may be "difficult." Shoulders are ample and sleeves are so cut that even the straight, set-in sleeve tends to emphasize shoulder width and thus to make the rest of the body seem slimmer.

Dresses are cut on princess or semi-fitted lines. The princess cut may be used in both front and back or in back or front only, but this style removes the "bunchiness" of the old style dress, allows adequate fullness through shoulders and hips and gives a good flare to the skirt.

Uniforms for men are well tailored. They are comfortable without being baggy and they conform to current trends in styles and fit. Sleeves are the correct length and oversized collars and coats are not necessary because of preshrinking. Even uniforms that are not preshrunk are so cut that the shrinkage, which is mainly in the length of the garment, does not interfere with its good fit before and after laundering.

Uniforms Are Adaptable

The well-dressed person is always suitably dressed and in uniforms that means that the garment must be adapted to the duties of the wearer. It must be so constructed that it will wear well, launder easily and retain its good appearance throughout its period of use.

The cut that gives style also provides roominess in parts receiving greatest strain during working. Additional provisions are made by the use of yokes and pleats across the shoulders of dresses and jackets, by the careful cut and fit of armholes and by reinforcement of pockets, plackets and under arm areas; in some uniforms for maids the reinforcement consists of an extra piece of material that extends from armhole to pocket. Skirts are not skimpy, seams are liberal and are double stitched with 3-40 or 3-30 thread.

Collars, either round or pointed, and cuffs may be stitched flat about 1 inch from the edges without losing their effect or they may be cut to avoid the rolls that soil easily. Aprons are usually gored and of a size suited to the type of work done by the maid. Dresses of the Hoover type or dress fronts permit double use.

Some maids prefer closed fronts with buttons or zippers far enough down to permit easy dressing. Side openings, if any, are zippered.

Head bands are usually becoming and are practical, as they serve to hold the hair in place. It is to be regretted that they are worn almost entirely by waitresses; maids wear hair nets only. Perhaps some type of head dress can be designed for maids that will protect the hair and yet prevent the bedraggled appearance of the old-fashioned dust cap.

For the Men

In men's uniforms, all points of strain are reenforced by bar tacking. High grade herringbone twill tape is used for taping armholes, revers, collar and pockets. Bias bindings are durable and flat. Pockets are made of strong, medium weight twill weave pocketing.

Materials are pleasing in appearance as well as durable. Cotton suiting (Indianhead) or monte cloth gives the best service for heavy duty uniforms for women. Poplin, costing approximately twice as much as these cloths, is more durable than broadcloth, which can be purchased for the same price; it is frequently used for waitresses' uniforms of the more formal type. Chambray, percale and gingham wear less well than these materials but are sometimes selected for waitresses' uniforms or for aprons and trim on cotton suiting or monte cloth dresses because of their attractive patterns. Heavy duty kitchen aprons may be of twill.

Materials for porters' uniforms are usually of cotton of the covert type with a firm rib weave though some porters wear wool trousers with poplin shirts. Ducks, usually 9 ounce, gabardines, twills and drills used for the white, tan, gray or checked uniforms of other service employees are firmly woven and finished without sizing.

Men's uniforms should be suited to the work to be done. Porters wear a zippered blouse which is either straight or slightly bloused with an elastic belt. Cooks wear open sleeve coats, usually with knot buttons and a low standing collar. One manufacturer has made this type of coat for chefs for more than sixty years. Some hospitals, however, prefer to have their cooks wear white short sleeved twill, poplin or broadcloth

shirts or short sleeved coats, especially during hot weather. White duck trousers are standard with these coats and the rating of the cook is shown by the height and style of his cap.

Potwashers and dishwashers usually wear short sleeved coats and matching trousers in tan, checks or stripes. Waist aprons are worn by cooks; bib aprons, by other kitchen workers.

Buttons are of good grade bone. Detachable buttons do not prove satisfactory in the long run. Zippers are increasingly popular, one manufacturer using them on 70 per cent of his uniforms.

Well-made uniforms are made of tested materials and are inspected frequently during the manufacturing process. They are cleaned, pressed at a temperature sufficient to sterilize them and subjected to a final examination before being shipped to the purchaser.

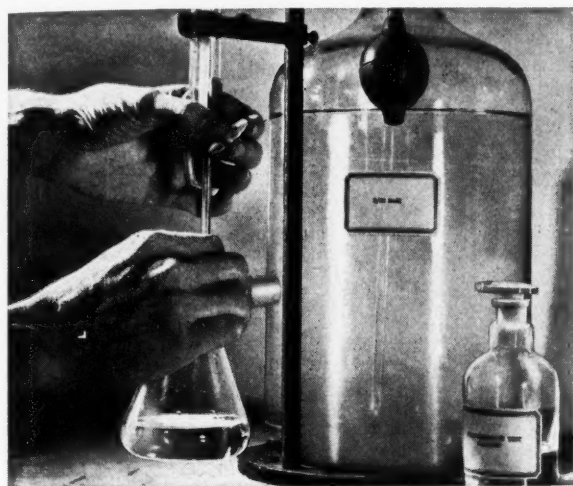
Personal Appearance

Uniforms must be properly worn to appear to best advantage. A full length mirror is a necessity in dressing rooms, for men and women; employees should be checked on uniform appearance before going on duty. Personnel training programs now established in up-to-date hospitals should include instructions in wearing the uniform, in posture and in gait. Perhaps it is not too much to hope that some consideration may be given to training in voice and diction of nonprofessional as well as professional personnel. An unpleasant and irritating voice can readily detract from the effects of an attractive uniform.

Cleanliness is all important and determines the number and care of uniforms. Though hospitals may have overlooked some of the psychological implications of uniforming employees, they have always had one purpose in this connection, the all important one of cleanliness.

State laws in some states require that uniforms be furnished to employees in the interest of public safety and the protection of the personal apparel of the employee. This seems to be a sound policy and certainly represents the trend in policy in service institutions of all types. If the employer furnishes the uniform he is free to specify its care and to make sure that it be worn on duty only.

U.S.I. Alcohol is Carefully Tested for Freedom from Harmful Acidity!



To assure you of alcohol that is free from harmful acidity, U.S.I. Pure Alcohol is rigidly tested by the exacting procedures of the U.S.P. 50 cc. of recently boiled distilled water are added to 50 cc. of alcohol in a glass-stoppered flask. A few drops of phenolphthalein test solution are added, and contents of the flask are titrated with N/50 NaOH solution to a pink color that persists for half a minute. Not more than 0.9 cc. of the NaOH solution must be needed for neutralization. The care exercised by U.S.I. in production and testing is your assurance of the alcohol quality you need.



Freedom from acidity is especially important in sterilizing surgical instruments by the customary procedure of immersing in 70% alcohol for a half hour. Not only must the alcohol exert the sterilizing action essential in surgical techniques—it must be free from acidity or impurities that might cause corrosion of the delicate instruments. Because U.S.I. Pure Alcohol meets every requirement of the U.S.P. for purity and strength, it is the choice of leading hospitals for every application. You benefit by these exacting standards when you use U.S.I. Pure Alcohol in your laboratory, operating room, or pharmacy.

Check your requirements for alcohol with this convenient list of 21 major hospital applications...and specify U.S.I. Pure Alcohol for every use.

U. S. INDUSTRIAL CHEMICALS, INC.
60 EAST 42ND STREET, NEW YORK, N. Y.
A Subsidiary of U.S. Industrial Alcohol Co. • Branches in All Principal Cities



CHECK LIST 21 IMPORTANT HOSPITAL USES FOR ALCOHOL

- | | |
|---|---|
| <input type="checkbox"/> Compounding Prescriptions | <input type="checkbox"/> Pharmaceutical Preparations |
| <input type="checkbox"/> Cresol Compounds Dilution | <input type="checkbox"/> Pharmacy Solvent for Vegetable Drugs |
| <input type="checkbox"/> Dehydration of Pathological Sections | <input type="checkbox"/> Preserving Specimens |
| <input type="checkbox"/> Drug Tincture & Extract Preparations | <input type="checkbox"/> Protein Precipitant |
| <input type="checkbox"/> Duodenal Drainage | <input type="checkbox"/> Spirit Lamps |
| <input type="checkbox"/> Floor Dressings and Packs | <input type="checkbox"/> Stains and Reagents |
| <input type="checkbox"/> Gastric Analysis | <input type="checkbox"/> Sterilizing Instruments |
| <input type="checkbox"/> Hand Rinsing After Scrub-up | <input type="checkbox"/> Sterilizing Skin |
| <input type="checkbox"/> Hypodermic Injections | <input type="checkbox"/> Surgical Soap Preparation |
| <input type="checkbox"/> Massage and Sponge | <input type="checkbox"/> Sutures Sterile Solution |
| | <input type="checkbox"/> Therapeutic Nerve Block |

The number of uniforms to be furnished each employe is again determined by the imperative factor of cleanliness. Each worker needs as many uniforms as are required to keep him clean at all times. Laundry facilities also determine the number required to furnish this cleanliness. It is likely also that an employe doing some types of work will need to change his uniform only twice or three times a week while others will require a daily change. Fresh aprons should be available at all times and fresh uniforms at any time in case of accident. Some hospitals try to get along on two uniforms for most service employes but most find that the uniforms last longer and the employes are better groomed at all times if they have a minimum of three uniforms per employe.

Methods of distribution vary but most hospitals use an exchange system in which a fresh uniform is received when a soiled one is turned in. One institution has a clever arrangement in which all uniforms are turned in at a "uniform room," located conveniently to the laundry service and employes' dressing rooms, when the employe goes off duty. The room is fitted with racks of galvanized pipe having board tops bearing the numbers of all employes over holes in the boards that hold hangers. The employe exchanges a disk bearing his number for a uniform and gets the disk when he returns the uniform to the room. If the uniform is soiled it is sent to the laundry and a fresh one is placed on the rack; if it is to be worn again, it is hung on the rack as it is turned in by the employe.

Care in laundering affects the durability of all uniforms. It is unnecessary to fade or destroy the tensile strength of fibers by too much caustic or starching. The American Institute of Laundering, Joliet, Ill., will furnish instruction for proper laundering of materials sent to them; some manufacturers provide this service to their customers free of charge.

Most designs will go through flat ironers. Sleeve machines handle sleeves efficiently. Puffed sleeves on women's uniforms have to be done by hand. Zippers must be closed before washing. Employes must be instructed in the use of cleaning materials, such as ammonia, and de-

odorants which will destroy fabrics. The American Institute of Laundering has conducted research on these topics and its bulletins are available. It is essential to keep careful records of each year's supply, length of life, weak points of wear, laundry cost and total cost.

No uniform is complete without comfortable walking shoes. They are essential for proper balance and gait. They increase efficiency and reduce fatigue, and also give a suitable and sensible finishing touch to the rest of the costume. Heels should be kept square and shoes polished.

It is important to consider the psychological effect of attractive and suitable uniforms on the guest or patient. Hospitals are alert to the importance of pleasing color and decoration and they make great efforts to ensure the attractiveness of the public spaces, wards, rooms and dining rooms. But they sometimes forget that the appearance of employes working in these rooms makes as

much of an impression as the decoration. Uniforms may fit in with the color scheme and serve to point up or to emphasize its impression on the guest. If they make the employe appear to be smartly and suitably dressed and prepared for his job, they suggest a well-planned, efficient organization.

Few guests or patients ever see or meet the superintendent or the majority of the professional staff. But they do see the clerk at the reception desk, the porters in the hall, the maid who cleans the rooms and wards, the maid who brings the tray, the waitress in the dining room and the coffee shop. The administrator who is alert to public relations will not overlook the importance of the appearance of these employes. Uniforms carefully selected and cared for do not mean increased cost; instead, they offer an opportunity to improve the efficiency of the worker, his pride in his job and his value to the institution.

THE HOUSEKEEPER'S CORNER

Laundry Bags

If there is one thing a pillow case will not stand it is being used as a laundry bag. Mrs. J. T. Conner, housekeeper, Vanderbilt University Hospital, Nashville, Tenn., found that invariably the cases would burst when striking the floor in the chute room. So she had bags made about the size of a pillow case with two loops on one side to hang on two hooks which are placed conveniently on the foot of the patient's bed, the door or the wall. Every day when the nurse is given her linen she also receives a bag for each patient, marked "Patient's linen."

Slip Covers

Champion exponent of the "where there's a will there's a way" theory is Stella Heinze, who recently became executive housekeeper of the University of Illinois Research and Educational Hospitals in Chicago.

Funds would not permit the buying of some much needed slip covers for the furniture in the nurses' home so Miss Heinze offered to make them if the material was purchased. Accordingly, she and two other assistants set to work and completed their self-appointed task in just two weeks. Miss Heinze regarded the slip covers as just an extracurricular activity incident to the opening of the new nine story

neuropsychiatric unit of the hospital and the remodeling of the student union building.

The results were such a success that everyone who has seen them has registered unqualified approval.

Renovated Mattresses

When plain hair or cotton mattresses are worn they can be renovated into innerspring mattresses at a cost only slightly higher than the cost for making them over into plain mattresses, Katherine F. Tobin tells us. "Innerspring mattresses are usually guaranteed for six years and are made on the institutional plan, that is, they are made flexible so that they can be bent up when the bed frame is elevated as the patient convalesces. Private patients are always pleased when they find an innerspring mattress on their hospital beds."

Ink on the Floor

One of the following solutions will usually remove ink spots from floors, we are informed on good authority: oxalic acid crystals dissolved in hot water; muriatic acid weakened with water; spirits of niter, or phosphoric acid. These should be applied, of course, only to the spots that have been discolored with the ink, and applications should be made as soon as possible after the ink has been spilled.



Q. Of course, we eat canned vegetables. But just what is their value in a diet?

A. The nutritional value of fresh vegetables varies somewhat with the type of vegetable. The green, leafy, and yellow vegetables are among the best sources of provitamin A. In general, in the amounts usually consumed, vegetables are valuable sources of vitamin C and members of the vitamin B complex. In addition, vegetables contribute to the body's needs for iron and other minerals. Canning retains to a good degree the dietary value of vegetables and makes a wide variety of vegetables available all the year round. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

- (1)
 1936. Mass. Agr. Expt. Sta. Bull. No. 338.
 1937. Chemistry of Food and Nutrition, Fifth Edition, H. C. Sherman, MacMillan, N. Y.
 1938. Nutrition Abstracts and Reviews 8, 281.
 1939. Food and Life Yearbook of Agriculture, U. S. Dept. Agr., U. S. Government Printing Office, Washington, D. C.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

Hospital Pharmacy

Pharmacy Stores: Procurement

ROBERT A. KUMPF

Chief Pharmacist
Cleveland City Hospital, Cleveland

WE HAVE instituted what we believe to be a simple but efficient and expeditious system of procurement, issuance and stock control at Cleveland City Hospital, a municipal institution of approximately 1600 beds, with an annual expenditure for drugs totaling nearly \$80,000. This system we believe to be adaptable in whole or in part to any hospital pharmacy or general stores department, regardless of size.

Based on Stores Directory

The entire procedure of procurement, issuance and inventory control is built around our stores directory. All supplies and materials issued by our stores departments, *i.e.* the main storeroom, pharmacy, laundry, supply room or central laboratory, are listed therein. The most recent revision of this directory was issued as of January 1, 1941, to all nursing divisions and the many other departments requiring supplies.

The directory lists all items normally available in the various hospital stores departments. The arrangement is alphabetical and numerical and the name and number are considered to be official. Stores directory numbers are made up of five digits. The first two digits indicate a classification number used in accounting procedures. The balance of the number, following in order according to alphabetical arrangement of each class, is for cataloging purposes, indicating shelf location. The entire number then is preceded by a letter indicating where the items requested may be obtained. For example, if the stock number is preceded by the letter "P" this would indicate that the article is to be obtained from the pharmacy; if preceded by the letter "S," from the storeroom, by the letter "L," from the laundry. An asterisk (*) preceding a stock listing indicates that

an item must be sent for exchange. For example, if a bedpan is requisitioned, in most cases, it is for replacement of a worn or damaged pan; hence the used article is to be returned before a new one can be issued. The purpose of this is primarily to control standard equipment on the nursing divisions.

The acquisition of all stock items is handled through a procurement office under the supervision of an assistant superintendent. This system of centralization provides such desirable factors as fixation of responsibility, determination of standards, grouping of common purchases, purchase of materials when prices are favorable and when it is advantageous to purchase in quantities.

The chief pharmacist writes his order on a "Request to Purchase" form in duplicate, specifying the stores directory number, name of the

item, amount desired, inventory and average monthly consumption. Two copies are sent to the procurement officer and upon approval by the assistant superintendent the item is ordered and one copy of the "request" is returned to the pharmacist, indicating an order number and date of ordering. Orders sent to vendors, through the City Division of Purchases, are written in accordance with specifications on file in the hospital procurement office. Stores directory numbers and specification numbers correspond. Specifications used for items ordered for pharmacy stock have been set up and approved by the chief pharmacist and the assistant superintendent in charge of procurement.

Whenever possible, products listed in U. S. Pharmacopoeia and National Formulary or those approved by the Council on Pharmacy and Chemistry

Request One Item Only on This Form	City Hospital Cleveland, Ohio Request for Direct Purchase		Forward This Copy to Procurement Office
Department	Date		
Quantity Requested	If for Repair Give Serial No.	Estimated Cost	
Description:			
Catalog or Manufacturer		Catalog No.	
Requested by:		Authorized by:	
Title:			
Department Head		Purchase Requisition Issued:	
NOTICE: If detailed description of article desired is not available contact the Procurement Office for this information.			
Form 274		Procurement Office Approval.....	

Paper presented before the Cincinnati meeting of the Ohio Society of Hospital Pharmacists.

Comment

FROM DR. SQUIBB'S EPHEMERIS—JULY 1884

•

The writings of Dr. E. R. Squibb reveal the painstaking care and devotion to detail which characterized the perfection (in 1853) of his process for the continuous steam distillation of ether.

His method—which has since gained world renown—is commented upon in his *Ephemeris* of July 1884. He wrote: "Nothing could be more effective or convenient than this apparatus, either in facility of management or quality of the product, and nothing short of the grossest carelessness or inattention can interfere with the uniformity of the product."

Today, automatic procedures in the manufacture of Squibb Ether have eliminated manual control in the various steps in the process with consequent greater uniformity and purity. The purity of Squibb Ether is maintained by packaging in copper-lined containers—used exclusively by Squibb—to prevent formation of undesirable toxic substances.

Squibb Ether is so pure, so effective and so uniform that it is used with confidence by surgeons and anesthetists in over 85% of American hospitals and in millions of cases every year.

•

*For literature address Anesthetic Division,
E. R. Squibb & Sons, 745 Fifth Ave., N. Y.*

SQUIBB ETHER

MADE, TESTED AND PACKAGED ONLY IN THE SQUIBB LABORATORIES

of the American Medical Association are requested, preference being indicated in the order mentioned. This is in keeping with the policy recommended by our committee on pharmacy. For example, when an item is listed in New and Nonofficial Remedies and the United States Pharmacopoeia, the latter specification is used. If products approved by the American Medical Association are desired, the names of all manufacturers having like products ap-

proved by the council are listed. All items are purchased on a competitive bid basis and, hence, complete specifications are important and necessary. Orders are placed with the lowest responsible bidder. Except for emergency purchases and for hospitals that may be located in small towns, this system of buying is probably the most economical.

In succeeding articles our receiving and issuance practices and inventory control will be described.

gical procedures which cause postoperative shock. Later, the values return to normal or even exceed normal for the next several days. Hence, in this type of shock the blood histamine varies inversely to the degree of shock. Since the histamine which is within the granulocytic white blood cells is regarded as physiologically inert, the entire picture may be confused by the changes and mobilization of these cells, which are known to shift with any degree of shock.

Histamine and Gastric Secretion

- In general, the secretion of all glands is enhanced by the injection of histamine. This action is probably due in part to the increased capillary dilatation and permeability in the affected glands. However, histamine has a more specific action on the gastric glands for if 0.5 to 1.0 mgm. is injected subcutaneously, a maximal stimulus to the acid secreting cells of the gastric mucosa occurs. It is still problematical whether histamine is identical with the postulated gastric hormone called "gastrin." Research in this field might cast some light on the hyperacidity of patients suffering from chronic ulcer.

Histamine and Pain

- Rosenthal and Minard of the University of Illinois Medical School have accumulated evidence which indicates that stimulation of the skin or cornea liberates a histamine-like substance which acts to mediate the sensation of pain. All pharmacologic and chemical tests strongly indicate that the released substance is histamine. This study raises the question as to whether histamine could not be responsible for ischemic or cold-immersion pain.

Histamine Desensitization

- There can be little wonder that many plausible theories of therapy have been based on histamine excess or hyperreaction to the occasional physiologic liberation of histamine by the body. Normally, when histamine is given either subcutaneously or intracutaneously, a wheal develops at the site of the injection, which is surrounded by a red flare. Repeated "desensitizing" injections of histamine result eventually in a failure of the flare to develop. The desensitizing dose must be small and gradually increased. A 1 to 10,000 solution is usually used and only 0.1 cc. of this is given at a time. Sufficient success is now obtained with this mode of treatment that it is used routinely in all nonspecific allergies. It has also been used with great success in specific types of headache, such as Horton's histaminic cephalalgia.—CARL C. PFEIFFER, M.D.

NOTES AND ABSTRACTS

Conducted by Carl C. Pfeiffer, M.D., F. F. Yonkman, M.D.
Arnold J. Lehman, M.D., and Harold Chase, M.D.

Histamine—Friend or Foe?

Histamine is one of those potent physiologic substances which, like epinephrin or acetylcholine, is violently active in minute doses. The worth of epinephrin as an emergency stimulant and the need for acetylcholine as a mediator of parasympathetic impulses are well known. With histamine, however, one may aptly wonder if the body would not fare better without this potent chemical.

A review of its physiologic activity reveals that histamine, even in minute quantities, contracts smooth muscle of the uterus, intestine, bronchioles, arterioles and veins. It stimulates gastric secretion and leads to capillary dilatation with a marked increase in capillary permeability. Much work has been done correlating histamine with gastric secretion, anaphylactic shock, hypotension and traumatic shock.

Anaphylactic Shock

- The characteristics of experimental histamine injections are nearly identical with those of anaphylactic shock. The guinea pig, when injected with histamine in adequate dosage, shows restlessness and then syncope resulting from marked drop in blood pressure; air hunger resulting from marked bronchiolar constriction; defecation, and micturition. If the dose is large enough, the guinea pig dies after a short interval of time. The hypotensive action of histamine may be ascribed to the arteriolar constriction, decreased cardiac output and accumulation of blood in the capillary bed which with increased capillary permeability rapidly result in loss of blood volume. During this time the blood loses its coagulability.

Nevertheless, before all anaphylactic shock is attributed to liberated hista-

mine, the fact, observed by Rose and Weil, that the blood histamine is decreased during anaphylactic shock in the rabbit, horse and calf while it is increased in shocked guinea pigs and dogs must be explained. The increase during anaphylaxis in the guinea pig is seven times the normal blood value. Since no appreciable increase occurs in guinea pigs subjected to simple anoxemia, this may be interpreted as an appreciable increase resulting from anaphylaxis.

Dragstedt and his colleagues at Northwestern have attempted to explain the apparent discrepancy in the histamine theory of anaphylactic shock. They demonstrated that sensitized rabbit lungs, when perfused with blood to which specific antigen had been added, served as a filter and reduced by 50 per cent the white cells of this blood. More cells were lost on reperfusion. Since most of the blood histamine is known to be present in the white blood cells, this experiment accounts for the lack of histamine in the blood of the rabbit but does not answer the question as to whether histamine causes the anaphylactic reactions seen in the rabbit. Possibly the true answer lies in the fact that histamine is so rapidly removed from the blood that only traces can be detected by ordinary methods. Rose and Browne, for example, found that when 8 mgm. of histamine hydrochloride was injected intravenously into a rat, only 7.5 per cent of this amount could be found in the whole blood three minutes later.

In traumatic shock it has been shown by Rose and Weil and confirmed by Barsoum and Gaddum that the blood histamine concentration is reduced during the first twenty-four hours after severe trauma or burns and after sur-



*Unseen but
ever Present...*

in all MALLINCKRODT ANESTHETICS

... Thousands of Hours of Research

MALLINCKRODT research chemists have expended many thousands of hours in the study of methods for improving the purity, stability and uniformity of Mallinckrodt anesthetic agents. This search for improvement goes on without pause even though these anesthetic products are today of unsurpassed purity and uniformity. When we reflect that human life depends upon the safety of the anesthetic, Mallinckrodt believes that the best product that it is humanly possible to produce can never be too good for this vital step of continuing research.

In the development of the containers the Mallinckrodt Chemical Works research staff has long pioneered, thus providing superb anesthetics packaged to insure purity, efficiency and safety.

*Cyclopropane (Mallinckrodt) may also be obtained through the various offices of the Puritan Compressed Gas Corporation of Kansas City.

MALLINCKRODT ETHER for Anesthesia

Procaine Hydrochloride U.S.P. XI

Paraldehyde U.S.P. XI

**MALLINCKRODT
Cyclopropane* U.S.P. XI**

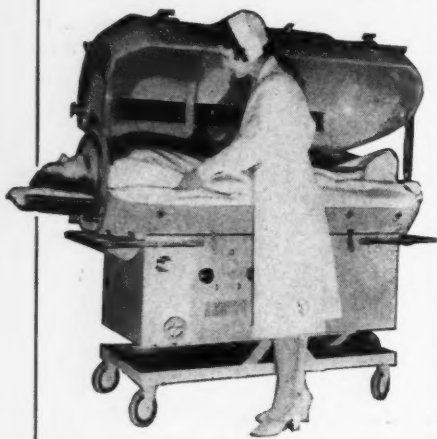
Chloroform U.S.P. XI for Anesthesia



MALLINCKRODT CHEMICAL WORKS

ST. LOUIS • NEW YORK • MONTREAL
CHICAGO • PHILADELPHIA • TORONTO

The AMERICAN RESPIRATOR



**Greater Nursing Convenience
—More Comfort for Patient**

★ Incorporates the newest developments for the treatment of respiratory failure. Cylinder opens entire length of bed making it easier to install patient. Quiet and vibrationless in operation. "Engineered" construction, modern, streamlined functional design.



**IMPROVED
—NOW HAS
100% MORE
SUCTION!**

★ Saves hours of nursing time and provides efficient drainage for all body cavities. Entirely automatic, no motors or pumps. Operates continuously, with no more attention than occasionally reversing bottles, which is done with one simple motion—as easy as reversing an hour glass. For distention, nausea, vomiting, intestinal and bladder drainage, etc.



AMERICAN
HOSPITAL SUPPLY CORP.
Chicago New York

News in Review

Additional Appropriations for Defense Center Construction Appear Probable

RUTH HILL ZIMMERMAN

Washington Representative, The MODERN HOSPITAL

The federal contribution to the construction or improvement of community facilities in defense areas has reached a total of \$126,519,040 for projects authorized up to November 15, according to the Federal Works Agency, which is in charge of administering the Community Facilities Act. It is understood that practically all of the remainder of the original \$150,000,000 appropriation has been earmarked for projects that are now awaiting final approval. It appears likely that Congress will approve an additional appropriation for community facilities in defense areas.

Hospital and health projects authorized thus far have taken almost one twelfth of the total. The remainder will be expended to help communities construct or improve schools, sewage systems, water works, and other similar projects. Federal participation in hospital projects approved by the middle of November totaled \$12,293,419.

More than 400 hospital and health projects for which application was filed before October 20 were still pending on November 15 and more applications were being received daily by the regional officers of the Federal Security Agency. Some 265 of the projects pending are for hospital expansion. While many of the applications are for projects that will not meet a definite defense need and so are ineligible, it was pointed out by one of the officials who examines the applications that a large number of those still pending are worthy and will probably be approved if funds are made available.

Hospital construction projects authorized under the present Community Facilities Act since the middle of October and not previously reported in The MODERN HOSPITAL are as follows:

Addition and alterations, St. Edward's Mercy Hospital, Fort Smith, Ark., to provide 30 additional beds; estimated cost, \$120,000; federal grant, \$60,000.

City of Miami, Fla., 320 bed hospital and nurses' home; estimated cost, \$1,050,000; federal grant, \$300,000.

Thirty bed addition to St. Joseph's Hospital, Alton, Ill.; estimated cost, \$135,000, all of it a grant.

Twenty-eight bed addition to St. Joseph's Hospital, Joliet, Ill.; estimated cost, \$125,000; federal grant, \$75,000.

City of Savanna, Ill., new 40 bed hos-

pital; estimated cost, \$163,000; federal grant, \$113,000.

La Porte County Protestant Hospital Association, Indiana, alterations to existing structure and 50 bed addition; estimated cost, \$242,000; federal grant, \$188,000.

Epworth Hospital, South Bend, Ind., 50 bed addition; estimated cost, \$226,000; federal grant, \$176,000.

St. Joseph's Hospital, South Bend, Ind., 50 bed addition; estimated cost, \$201,000; federal grant, \$161,000.

Jeffersonville, Ind., alterations to Clark County Memorial Hospital and 85 bed addition; estimated cost, \$190,000; federal grant, \$165,000.

Maternity building and nurses' school, Baptist Hospital, Alexandria, La.; estimated cost, \$237,035, federally financed.

Sixty bed addition, Hackley Hospital, Muskegon, Mich.; estimated cost, \$381,000; federal grant, \$228,500.

Saginaw General Hospital, Saginaw, Mich., 70 bed wing; estimated cost, \$268,062; federal grant, \$96,000.

New county hospital at Fayetteville, N. C.; estimated cost, \$400,000, federally financed.

New county hospital, Jacksonville, N. C.; estimated cost, \$160,470, federally financed.

Addition to Community Hospital (Negro), Wilmington, N. C.; estimated cost, \$163,200, federally financed.

Hospital building and nurses' home, James Walker Memorial Hospital, Wilmington, N. C.; estimated cost, \$499,300; federal grant, \$373,000.

Graff Memorial Hospital, North Tonawanda, N. Y., 59 bed addition; estimated cost, \$383,840; federal grant, \$236,000.

New building for Negroes, additions and alterations to existing hospitals for whites and Negroes and a home for Negro nurses, Columbia, S. C.; estimated cost, \$894,000; federal grant, \$357,000.

Four story 100 bed addition and remodeling of old building, Spartanburg General Hospital, Spartanburg, S. C.; cost, \$402,570, federally financed.

Hospital building, nurses' home, tuberculosis pavilion and utility building, Corpus Christi, Tex.; estimated cost, \$1,387,921; federal grant, \$387,921.

Sixty-eight bed hospital and nurses' home, Radford Community Hospital, Radford, Va.; estimated cost, \$260,000.

FAMOUS HOSPITALS



BELLEVUE HOSPITAL—New York

From a single room in a building where New York's City Hall now stands, to a spacious, well-equipped hospital on East River. From a six bed ward to a capacity for more than 2,500 patients. First hospital to introduce the modern training school for nurses. Provided first ambulance service in the city for other than contagious disease cases. Bellevue has written its record indelibly into the history of the world's greatest hospitals. Illustration shows Bellevue as it looked in 1848.

And this Today is Our Most Prized Possession

Fame may come overnight to some. But, in hospitals and laboratories, laurel wreaths are not lightly won; fame seldom comes with only a single achievement.

It was when many of today's outstanding hospitals were in their early development that Miller research

first won the regard of the men in white. The first



Miller Anode Surgeon's Gloves, made of pure latex by the patented Anode process, afford greater service life and resistance to repeated sterilizations. Patterned after the natural shape of the hand, they give freedom without binding—protection without impairing touch.

surgeons gloves without seams . . . the neck-contoured throat collar . . . pure gum surgical tubing in 50-foot continuous lengths . . . the new anode-latex Heatiator heat therapy unit . . . these are only a few of the achievements which have built lasting fame for the name of Miller. And this fame today is our most prized possession. Miller Rubber Company, Inc., Akron, O.



Dietitians Hear Talks on Army Rations, Medical and Surgical Diets, Tray Service

Nutrition as it affects the nation's defense program and public health was the keynote of the twenty-fourth meeting of the American Dietetic Association held in St. Louis. What the Army is doing to feed men on the march and its research studies on Army subsistence were demonstrated by Lieut.-Col. Rohland Isker and Major C. F. Kearney.

The importance of this work was emphasized in statements made by Dr. Russell M. Wilder and Dr. Park J. White to the effect that, according to recent

statistics, 30 per cent of the people of the United States are malnourished. These figures would be higher, it is felt, if the standards were gauged by Army findings.

Diet as it affects disease occupied a major share of attention. Ways and means of measuring the state of nutrition of individuals and of groups were considered by Dr. E. Neige Todhunter, University of Alabama. "It is difficult to determine where health ends and sickness begins," Doctor Todhunter

pointed out, "and modern research is seeking some method of identifying those who are in between. Height and weight measurements have not proved satisfactory as an index of nutrition. Dietary studies are a useful guide, but there are many inaccuracies in the information thus obtained."

Use of the Meuhlengracht diet in the treatment of peptic ulcers was described by Dr. Leon Schiff, University of Cincinnati. It has been discovered that the death rate of those fed the diet early in the treatment of ulcers has been reduced by one third and the hospital bed days shortened from 30 to 24.

There is need for higher protein in the diet of surgical patients. Dr. Robert Elman, Washington University School of Medicine, St. Louis, indicated that whereas there has been much concern in recent years about vitamin deficiencies, little thought has been given to the sufficiency of protein in the diet. Proteins are more important perhaps because they frequently produce much more serious symptoms in that they lead to changes in the composition of the blood. Unlike vitamins, of which the liver stores up a reserve for weeks and months, protein deficiencies in the blood develop immediately. There are two types of protein deficiency, acute and chronic. In the chronic protein insufficient diet, it has been found that two and three times of what is usually considered adequate must be given, i.e. from 150 to 200 grams a day. The four most useful proteins are: meat, eggs, milk and soybeans.

The work of the dietary department cannot be effective without proper organization. In various studies made of what these workshops are doing, it was revealed that in one hospital former pantry maids are being trained to serve food. In another institution well-trained men are doing the meat cooking.

The importance of cooking meat at a low temperature as compared with the high temperature method was emphasized. It was shown that in carving two pieces of meat, weighing exactly the same before cooking, six extra servings were obtained from that which had been cooked at the lower temperature. Temperatures of 300° F. were advocated for roasting veal, lamb and beef; 350° F. for roasting pork. The fact that searing does not keep in the juices of meat but really increases the cooking losses was clearly shown.

Much attention is being given to educational programs for employees. Discussions centered upon training classes for waitresses in cooperation with vocational high schools. Work schedules and rules were carefully considered and Dr. Henry C. Metcalf, bureau of personnel admin-
(Continued on page 116)

Here is
infant bathing technique
AT ITS BEST



EACH DROP of Baby-San brings to infant bathing routine simplicity, soothing comfort, economy.

For Baby-San—purest liquid castile—gently removes the vernix and pre-natal bacteria. It cleanses quickly . . . leaves a film of olive oil to prevent dryness. Baby-San saves nurses time too, for no other oils or greases are ever needed.

Only a few drops of highly concentrated Baby-San are required for a complete bath, and the Baby-San Dispenser helps cut bathing costs by dispensing the proper amount of soap.

No other soap brings greater nursery benefits. That's why you find Baby-San in more than 75% of the nation's hospitals.

The Baby-San Portable Dispenser holds one pint. Dispenses just the right amount of soap, preventing waste. Easily sterilized. Furnished free to users of Baby-San.

The HUNTINGTON LABORATORIES Inc.
DENVER HUNTINGTON, INDIANA TORONTO

BABY-SAN

AMERICA'S FAVORITE BABY SOAP



*Made of famous Cellucotton
Absorbent Wadding*

Interfolded for double-ply strength and greater economy

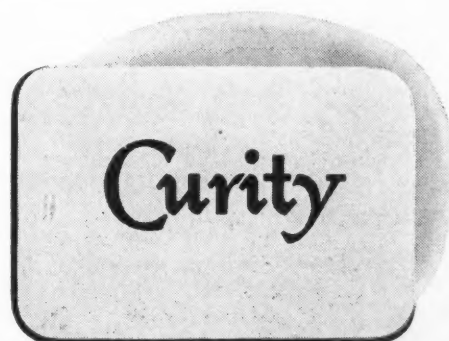
Patients appreciate the good "bedside manner" an institution displays when it provides convenient Celluwipes. They're interfolded to dispense conveniently through the narrow slot, and only one double-thick Celluwipe can be withdrawn at a time, thus preventing wasteful use.

Soft, thin yet strong, these are the original interfolded disposable tissues—the same kind most people prefer in their own home.

Celluwipes have practically unlimited utility—useful not only as handkerchiefs, but as instrument wipes, vaccination or umbilical guards, bloodcount wipes. Celluwipes are useful in every department.

●As an example of Curity's contribution to modern hospital service, Celluwipes are outstanding. Not content with standard sizes and dispensers for disposable tissues, Curity studied hospital needs and designed special sizes and containers. The long-continued acceptance of Interfolded Celluwipes is one more bit of evidence that Curity products are serviceable and economical.

LEWIS MANUFACTURING CO • BAUER & BLACK
2500 South Dearborn Street, Chicago
Divisions of The Kendall Company



RESEARCH TO IMPROVE TECHNIC, REDUCE COSTS

Sampling of Nurses' Survey Shows Number Ready for Full-Time Duty

WASHINGTON, D. C.—Almost 300,000 usable returns have been received in the National Survey of Registered Nurses, according to Pearl McIvor, senior public health nursing consultant of the U. S. Public Health Service, in charge of the survey. This number represents about 75 per cent of the questionnaires sent out.

Returns from nine states, which have been tabulated as a sample, indicate that about two thirds of the nurses replying are employed full time. Of the

remaining third, somewhat less than one fourth are available for full-time duty. The states included in the sample tabulations are Colorado, Indiana, Louisiana, Maryland, Massachusetts, Minnesota, Ohio, Texas and Washington.

The total number of returns tabulated from these states is 68,163. Of these, 44,937 are employed full time; 4585 are available for full-time duty. The remaining 18,641 are not available for full-time duty or did not indicate their availability. Employment varies among

the states from 56.8 per cent in Washington to 69.9 in Louisiana. The percentage available for full-time duty varies from 4.9 in Massachusetts to 9.4 in Washington.

A gratifying increase in employment of nurses in institutions as compared with earlier surveys was noted, Miss McIvor pointed out. Of the nurses reporting full-time employment, 48 per cent were in institutions, 35 per cent, in private duty; 10 per cent, in public health work and 8 per cent, in other types of employment, such as in doctors' offices, industrial establishments and commercial aviation. Maryland had the smallest percentage of nurses employed in institutions with 41 per cent. California had 58 per cent employed in institutions.

Only 1 per cent of the actively employed nurses have less than a high school education. About 30 per cent have had some college work; 4.5 per cent are college graduates. Among the nurses employed in institutions, 32.5 per cent have had some college training and 5.8 per cent are college graduates.

The great majority of nurses in institutional work are in the age group from 21 to 30. Less than half as many are in the group from 31 to 40.

Among the nurses not employed but available for full-time duty, two thirds of those who reported their last position were in institutions and were under 40 years of age; about one third were under 30.

"Get Your Black Curtains Now"

"Blackouts," a 60 page pamphlet prepared by the War Department and other federal agencies, has just been issued by the Office of Civilian Defense. A section on hospitals suggests that preparations should be made in peacetime for providing black or dark curtains on short notice for those rooms in which light must be available at all times.

Alternate lighting methods where stand-by electric lighting services do not exist are discussed in the bulletin. Every operating room, at least, should be fitted with some type of emergency lighting, according to the War Department.

New York Librarians Elect Officers

Bernadette M. Hanna, Misericordia Hospital, New York City, has been elected president of the New York Medical Record Librarians Association. Serving with Miss Hanna are Mrs. Itala D. Condon, vice president; Margaret Botbyl, corresponding secretary; Madelaine Cillman, recording secretary, and Frances Mason, treasurer.

**TERRAZZO
FLOOR
withstands
3 PUNISHING
USES**

ICE SKATING



ROLLER SKATING



OUTDOOR CAFE



(Courtesy of the Rockefeller Plaza)

COVERED with ice through the cold winter—ground under whirling wheels of roller skates in spring and fall—scuffed by cafe traffic and dancing feet through the hot summer—that's how they punish this terrazzo floor at Sunken Plaza in Rockefeller Center. Such abuse does not destroy terrazzo's smooth, wear-resisting surface. Isn't this convincing proof that terrazzo needs no pampering and coddling, that terrazzo is a lifetime floor?

But that's not all! In Terrazzo you have almost unlimited choice of designs and color. Also, it harbors no germs and is practically non-absorbent. If you are going to build or remodel—specify Terrazzo, the lifetime floor, the only floor that improves with age.



For full information on terrazzo, write for this A. I. A. Terrazzo Kit that tells how and where to use terrazzo. Sent free on request.

THE NATIONAL TERRAZZO AND MOSAIC ASSN.

1420 New York Ave. • Department R • Washington, D. C.

★ Terrazzo Floors

LOWEST COST
PER FOOT PER YEAR

A black and white photograph of a child lying in a crib, looking out through the vertical bars. The child is holding a book. The crib has a mesh canopy above the bars.

*If you are unable to get GOLD MEDAL CRIB NETS
from your dealer—please write us direct.*

SIXTY EAST FORTY-SECOND STREET, NEW YORK

105

Personnel and Occupancy Problems Concern Missouri Association Meeting

Irene McCabe

Personnel problems, the shortage of nurses, priorities and the need for additional beds to care for defense workers were the chief problems discussed by more than 200 members of the Missouri Hospital Association at the twentieth annual meeting in St. Louis, October 23 and 24.

In commenting on the problems facing hospitals today, Florence King, administrator of Jewish Hospital, St. Louis,

and retiring president, said, "It's an ill wind that blows no good; our hospitals will doubtless benefit in many respects from the severe tests placed upon them now." She warned that the present situation demands both "a good stiff backbone and a well-developed funnybone."

"Cooperation is better than strikes," H. J. Mohler, president of the Missouri Pacific Hospital Association and president of the Hospital Council of Greater

St. Louis, told the members. "Labor unrest," Mr. Mohler said, "will continue in the hospital field until hospital administrators and their boards of managers or directors realize that hospital employees rightfully expect to have employment conditions and to receive remuneration commensurate with private industry."

Ray F. McCarthy, executive director of Group Hospital Service of St. Louis, warned of lack of marginal bed reserves for peak loads to be borne by hospitals in the care of patients during winter months. Speaking at the banquet in the Hotel Chase, Mr. McCarthy stated that metropolitan St. Louis hospitals may find a serious situation confronting them in the lack of sufficient beds in case of epidemic or civilian or military emergency.

Chronic and convalescent beds in institutions adjacent to acute hospitals were advocated by participants of a panel on "Voluntary Action in Health Security." If situated near a hospital for acute disease cases and if using the same staff, separate institutions for convalescents and invalids would be less expensive to build, equip and operate and would relieve crowded "acute" institutions and serve a long neglected and increasing need the country over, Carl F. Vohs of the economics committee, Missouri State Medical Association, declared.

Panel speakers agreed that voluntary rather than government action was the path of choice to health security. Speakers on the panel included Dr. R. O. Muether, Maurice J. Norby, Charles G. Buffum Jr. and Msgr. Leo J. Steck.

Hospital executives listened attentively while A. H. Ricker, O.P.M. director in the St. Louis area, answered questions on priorities.

State prizes for National Hospital Day programs were awarded to Sister Mary Gertrude of St. Joseph's Hospital, Boonville, for the best program in communities under 15,000 population and to Dr. Curtis H. Lohr of St. Louis County Hospital for the best program in communities over 15,000.

L. C. Austin, Menorah Hospital, Kansas City, took office as president. Other officers are: Mrs. Josephine Yates Tisdell, Freeman Hospital, Joplin, president-elect; Dr. Curtis H. Lohr and Rev. O. J. Carder, St. Joseph, vice presidents; Laura A. Hornback, Louisiana, treasurer, and E. E. King, Missouri Baptist Hospital, St. Louis, executive secretary.

For ways to cut cooking costs LOOK TO THE COOK TOPS!

VULCAN presents No. 2 of a series published
in the interest of Kitchen Economy during the National Emergency



Vulcan Super Radial-Fin top, raised to show new ventilated ring and lid, and radial fins and ducts underneath. Has 68% more heat-absorbing surface than old-type tops.

A large restaurant operator made the statement that "Less attention is paid to the work done on top of the range than to any other kitchen operation. From 20% to 50% of the gas used in top cooking is unnecessary, in other words it is wasted." He states that 85% of all kitchens are guilty of this charge. Can you afford such waste in your kitchen in the face of rising food and operating costs? This authority makes six definite recommendations for eliminating waste. These are listed below. Every kitchen can benefit by them.

6 SIMPLE RULES THAT WILL SAVE GAS IN YOUR KITCHEN!

1. When pots come to a boil, cut down the gas.
2. Cook in covered pots. Don't waste heat and steam up the kitchen.
3. Don't use your range top to heat a "bain marie." Use a properly designed hot food storage table.
4. Don't burn out the eyes of your hot pot by excessive top heat.
5. Use as much of the hot surface of the range as possible at all times.
6. Turn out the gas when the range is not in use.



Heat moving from burner to edges of top is retarded to permit greater absorption by fins and top. Gas consumption cut 20% or more.



Entire Vulcan range-top is hot cooking surface and can be completely covered with vessels to get most service from gas used.



4-ring, 4-control burner quickly creates large center red-hot spot. With two or more rings shut off gas consumption can be cut down 80%.

Complete Catalog of Vulcan Equipment Upon Request

STANDARD GAS EQUIPMENT CORPORATION

18 East 41st Street, New York

BOSTON • PHILADELPHIA • BALTIMORE • CHICAGO • AURORA, ILL. • NEW ORLEANS • LOS ANGELES

Pontiac Opens New Floor

The recently completed fourth floor of Pontiac General Hospital, Pontiac, Mich., will be open on December 1, providing 52 additional hospital beds and 20 bassinets. The building was constructed in 1931.



M. BURNEICE LARSON, *Director*

For the progressive hospital administrator and associates who share responsibility for staffing a busy hospital, complete satisfaction with "things as they are" will probably always remain as elusive as a will-o'-the-wisp.

If a competent pathologist has been secured to direct the laboratory, and that prize of a superintendent of nurses has at last consented to come—then possibly the chief anesthetist has submitted her resignation as of December 15, and the record room is in a deplorable state owing to the recent appendectomy of Miss Brown who can't return until after the first of the year.

As each new personnel problem arises, many of you have learned to call upon The Medical Bureau, thus relinquishing a large share of the responsibility for finding properly trained people. Result—you are free to cope with the more fundamental issues of public relations, the budget, the report to the Hospital Board!

Because you come to us for suggestions when key positions are available—people trained for almost every phase of hospital service, in almost every branch of the sciences and the medical profession write us about themselves and about the type of connection they desire.

If you have a personnel problem—or if you are an individual qualified for a medical, scientific, or hospital appointment . . . please let us know. We'll be glad to arrange introductions which will mean much to both of you. Our service, as you know, is nation-wide—your correspondence with us will be kept in confidence.

The MEDICAL BUREAU

PALMOLIVE BUILDING

CHICAGO

Hospitals in Defense Program Stressed at Annual Standardization Conference

The number of hospitals approved by the American College of Surgeons has reached a total of 2873 and the percentage of approval has risen to 77.9 per cent of the 3688 hospitals of 25 beds and over included in the 1941 standardization survey. The increase of 67 hospitals over last year's figure is about the same as the average yearly increase during the past decade.

These figures presented by Dr. Irwin Abell, chairman, board of regents of the college at the opening session of the Hospital Standardization Conference in Boston, last month, were regarded as significant in view of the difficulties under which many institutions are laboring today.

Scarcely a session of the twenty-fourth annual conference that did not emphasize the important part that hospitals will play in the defense program.

The entire program was carefully planned to afford everyone an opportunity to participate through panel discussions, consultation services, demonstrations in local hospitals and group meetings. Particularly well attended were the breakfast conferences, one of which was sponsored in conjunction

with the American College of Hospital Administrators and featured a clinical analysis of present methods of training for hospital administration by Dr. E. M. Bluestone, director, Montefiore Hospital, New York City.

If hospital standards are to be maintained during the present national emergency, the status of every staff member called should be reviewed carefully. This point was emphasized by Dr. Norbert A. Wilhelm, superintendent, Peter Bent Brigham Hospital, Boston. If the work being done will actually suffer by the drafting of certain individuals, draft boards should be contacted and some attempt made to arrange a deferment. It may be necessary even for hospitals in given areas to pool certain resources, Doctor Wilhelm believes; one roentgenologist, for example, could serve several hospitals.

To maintain a high quality of nursing service during the present emergency demands the presence of high morale within the institution to which everyone from the president of the board to the cleaning woman must contribute.

"In other words," according to Sally Johnson, principal, school of nursing,

Massachusetts General Hospital, Boston, "there must be mutual understanding, appreciation, sympathy, courage and helpfulness." Miss Johnson referred specifically to three groups of supplementary workers that should be considered seriously: ward secretaries, Red Cross nursing aids and hospitals aids with whom the Household Nursing Association in Boston is experimenting. The hospital must be interpreted to these groups, however, she warned, and they must be supervised.

Whereas considerable advance has been made in the departments of the professional workers in our hospitals, relatively little has been done in the nonprofessional groups. Frances C. Ladd, superintendent, Faulkner Hospital, Jamaica Plain, Mass., finds little recognition of the value of the nonprofessional workers, a lack of a definite teaching program for the new employe and little or no instruction on how to do the job best.

In view of what industry has done and is doing to safeguard the health of its people, hospitals are lagging where they should be leading. This is the opinion of Joseph G. Norby, superintendent of Columbia Hospital, Milwaukee. "Few hospitals," he stated, "do anything at all to safeguard the health of their em-

(Continued on page 118)

Greater Beauty . . . INSIDE AND OUT



Above: A pair of Fenestra Projected Fenmark Steel Windows.

Left: A pair of ordinary Double-Hung Windows.

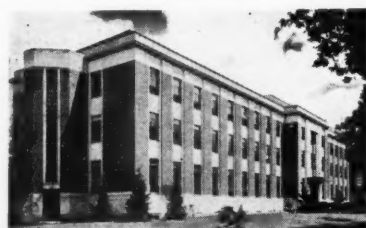
In the illustrations at the left, compare the slender, graceful lines of a pair of Fenestra Steel Windows with the bulky, cumbersome lines of the two double-hung windows. Fine hardware appointments add to Fenestra's beauty.

And Fenestra Steel Windows are much more attractive from the outside, too. The fact is, they add *double beauty* to the Hospital building by improving its appearance both from the inside and the outside.

In addition, Fenestra Steel Windows for Hospitals provide: *easier opening*—steel ventilators never warp, swell or stick, and they swing instead of slide; *more daylight*—less frame, more glass; *better ventilation*—open-in ventilator at bottom protects against direct drafts; open-out ventilator above it forms a canopy over the opening; *superior weather-tightness*—precision-fitted by crafts-

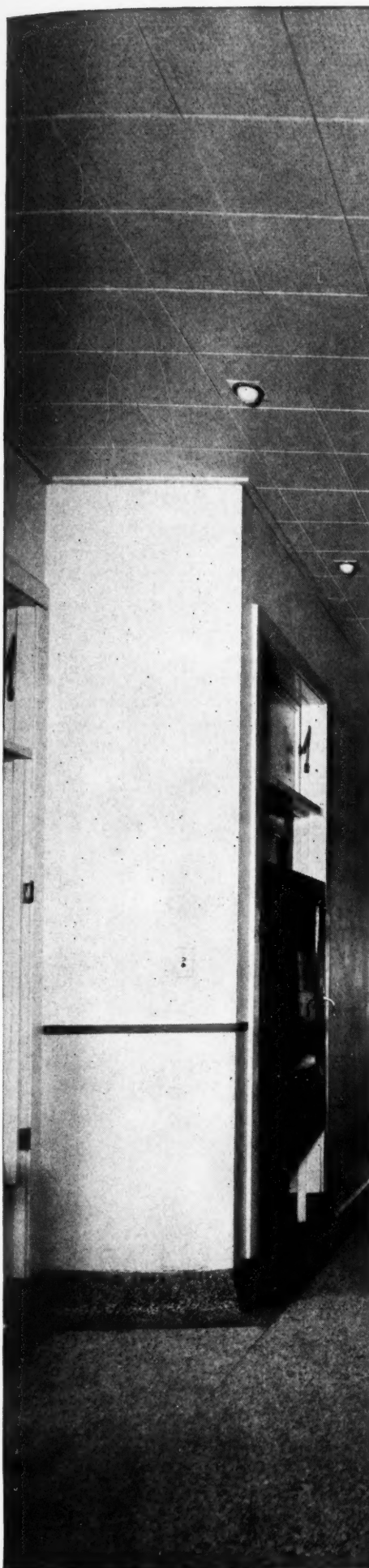
men, they stay tight, never warp or shrink; *increased fire safety*—steel does not burn; *safer washing*—both sides of glass washed from inside the room.

Fenestra Hospital Windows often cost less than ordinary windows . . . For complete details, write Detroit Steel Products Co., Department MH-12, 2255 East Grand Boulevard, Detroit, Michigan.



Health Center, University of Michigan, Ann Arbor, Mich.
L. J. Sarvis, Architect;
O. W. Burke Co., Contractors.

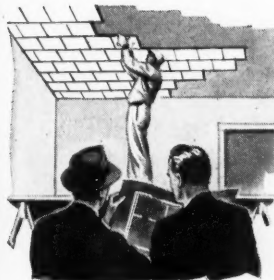
Fenestra STEEL WINDOW SYSTEMS FOR HOSPITALS



QUIET

Is Guaranteed

When Celotex Experience Insures the Installation!



● ALL CELOTEX acoustical installations are guaranteed satisfactory, because Celotex acoustical experts, from coast to coast, *have acquired a wealth of experience* in applying the science of acoustical correction.

Hundreds of hospitals have solved the noise problem with the help of Acousti-Celotex* ceilings—ceilings which combine correct materials *and* successful experience. Both are available to you. Let Celotex acoustical experts make a **FREE Noise Survey** of your hospital, and show you where sound-conditioning is needed—*and how such an investment pays dividends!* Write for complete facts!

*The word Acousti-Celotex is a brand name identifying a patented, perforated acoustical fibre tile marketed by The Celotex Corporation.

PAINTABLE PERMANENT
ACOUSTI-CELOTEX
TRADE MARK REGISTERED U. S. PATENT OFFICE

Other Celotex Brand Acoustical Products:

CALICEL
ACOUSTEEL-B

ACOUSTI-CELOTEX
SAYS "HUSH" TO NOISE



CALISTONE
MUFFLETONE

Sales Distributors
Throughout the World

In Canada: Dominion
Sound Equipments, Ltd.

THE CELOTEX CORPORATION • 919 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS

Alarm Over Nursing Shortage Unwarranted Nebraskans Are Told

A sharp attack on the "alarmist" statements about nursing that are being discussed in various sections was voiced by Amelia Miller, director, school of nursing, Mary Lanning Hospital, Hastings, Neb., speaking before the Nebraska Hospital Assembly meeting in Grand Island on November 6.

"We have heard for more than a year that the shortage would be great, that subsidiary workers must be trained, that schools must lower their entrance requirements, that larger classes must be admitted and many other ideas following alarmist lines of thinking," Miss Miller stated.

"Those who lived through the World War and the period following say that there will again be an over-supply of nurses with all its hardship of unemployment. Many reply, 'Take care of our needs now and let the future take care of itself.' The problem cannot be put aside as lightly as that."

Miss Miller pointed out that the 1300 schools of nursing in the United States today have enrolled 85,000 student nurses, whereas the 1579 schools in 1918 had less than 50,000 students enrolled. The number of graduates per year is

23,000 now as against 13,000 in 1918. From 1920 to 1940 the population increased 25 per cent but the number of graduate nurses increased by as much as 48 per cent.

Miss Miller stated that there is need for subsidiary workers but said that they are an unstable group. "It keeps one person busy employing and instructing them only to have them leave just as they are beginning to be of value. I believe that the American Red Cross has the right idea in giving only from 80 to 100 hours of instruction."

The meeting was the best yet held by the Nebraska Hospital Assembly with 60 of a possible 93 hospitals in the state reported as members of the association.

Hospital service plans have a great deal to offer to rural communities, according to Arthur M. Calvin, executive director of the Minnesota Hospital Service Association, St. Paul. There are now 90 hospitals in Minnesota enrolled in the plan. Last year \$1,500,000 was paid to them by the Blue Cross plan and adequate reserves have been built up. More than 10,000 farmers in Minnesota are members, Mr. Calvin stated. The state is divided into nine districts coinciding with the nine counselor districts of the state medical association. Working with the local counselor, the Blue Cross plan has enrolled most of the hospitals which meet the standards set up by the plan.

After ascertaining the experience of the hospitals with payments by counties, Farm Security Administration groups, and compensation carriers, it was apparent that many hospitals in Nebraska were serving clients of these organizations at less than cost. The board of directors was requested to arrange for presentation of the hospitals' problem to the state compensation commission.

Officers for the coming year are: president, Mrs. Ursula Frantz, Mennonite Hospital, Beatrice; president-elect, Rev. Otto Keller, Lutheran Hospital, Columbus; secretary-treasurer, Dr. Francis J. Bean, University Hospital, Omaha. Trustees are: Margaret Grandy, Brodstone Memorial Hospital, Superior; Mrs. Gladys Smits, Lincoln General Hospital, Lincoln; Francis J. Bath, St. Joseph's Hospital, Omaha; Sister Mary Consolata, St. Mary's Hospital, Columbus; Dr. C. A. Lutgen, Auburn Hospital, Auburn.

The next convention is to be held in Beatrice.

Voluntary Hospital Fund Grows

Toward the goal of \$1,784,292.73 set by the United Hospital Campaign Committee, New York City, to care for the needs of the city's voluntary hospitals, the Manhattan women's division has collected \$418,400.37, according to a recent report.



THE PURITAN VALVE SEAL

Your Safeguard

for Gas Machine Orifices and Flow Meters

After the valve is carefully inspected, the valve outlet of the Puritan Cylinder is thoroughly cleaned and immediately sealed. The Puritan Cylinder is furnished ready for use. It is not necessary to clean dust or other foreign material from the valve outlet when gas is demanded from a new cylinder.

The Puritan Valve Seal Also holds in place a washer which is packed in a protective container---Serves as a positive indicator that the cylinder has not been used as long as it remains unbroken.

Puritan engineers keep constant vigilance on new and better services to the Puritan Cylinder and Valve for the protection of your equipment and patients.

PURITAN COMPRESSED GAS CORPORATION
"Puritan Maid" Anesthetic and Resuscitating Gases and Gas Therapy Equipment

Baltimore - Boston - Cincinnati - St. Paul
Detroit - Chicago - Kansas City
St. Louis - New York

Send for free Illustrated Booklet
"Puritan Gas Therapy Equipment"

"Buy with Confidence"





● We will gladly supply you with either or both of the cards illustrated here, at no cost to you. Just tell us "how many".



Save with KENWOOD Cellulose Folded KERCHIEFS

Dispensed without waste, from handy, self-service boxes which contain 100 Kerchiefs (50 folded sheets), these practical sickroom accessories represent definite economies. Kenwood Kerchiefs are satisfactory substitutes for gauze and other materials in pneumonia cases; as ether wipes, post-operative tonsil napkins, etc. Their soft, cellulose body gives a complete feeling of "adequacy" without taking a handful. Economical to BUY —Economical to USE.

● Today's little economies are important in helping to meet tomorrow's BIG needs. Hospital personnel . . . the janitor to the superintendent . . . can effect countless little savings of time, materials and other resources that will add up to MATERIAL SAVINGS for essential Defense, Civilian and Hospital applications.

Start at the beginning. Buy what you need for current use . . . from a thoroughly dependable source of supply. And buy on a basis of "special suitability for hospital service."

Understanding this emergency, the Will Ross organization is set up to work closely with you on all of your Hospital Supplies problems, other than food and drugs. You can use us as your own Supply Department . . . with more than 6,000 items of specialized hospital merchandise from which to select what you need.

WILL ROSS, Inc.

Quality Hospital Supplies Milwaukee, Wisconsin



Hospital Building Plans Must Now Be Approved by Construction Branch

WASHINGTON, D. C.—Hospital construction plans, along with other civilian building projects, must obtain the approval of the new construction branch of the Division of Civilian Supply of the O.P.M. before seeking priorities assistance, it was indicated by a recent O.P.M. announcement. This branch is headed by John L. Haynes, formerly chief of the lumber and building materials branch, which was converted into the construction branch.

The construction branch has been given the task of administering the policy announced by the Supply Priorities and Allocations Board on October 9, under which priorities assistance will not be given to public or private construction projects that use critical materials unless those projects are necessary to defense or essential to the public health or safety.

A list of substitutes for critical or scarce materials was drawn up in November by the construction branch for the guidance of architects and contractors. The list was prepared after detailed study of the nation's stock piles of scarce materials and of the needs for defense purposes. The study was com-

plicated by President Roosevelt's recent request that production plans for planes and other defense equipment be revised sharply upward.

While the construction branch has not yet undertaken regulation of building plans, it is ready and willing to advise on means of cutting down on the use of scarce materials in construction work. For example, it is suggested that buildings now being planned should use temporary substitutes for copper pipe.

The construction branch is confining itself to detailed studies of building plans and is referring consideration of the relation of proposed projects to defense, public health or safety to other agencies. This means, in the case of hospitals, that projects are referred to the health supplies and civilian defense equipment branch of the Purchases Division and, unofficially, to the health and medical committee of the Office of Defense Health and Welfare Services.

Frederick J. Thielbar Dies

Frederick J. Thielbar, president of Wesley Memorial Hospital, Chicago, and head of Thielbar & Fugard, architects, died in Chicago last month. Thielbar & Fugard are architects for the new Wesley Hospital which opened this month.

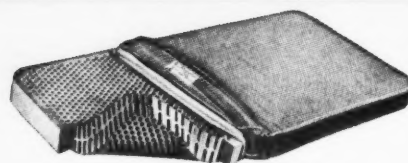
Coming Meetings

Dec. 4—Utah Hospital Association, Salt Lake City.
Jan. 26-31—Minnesota Hospital Institute, University of Minnesota, Minneapolis.
Feb. 26-28—Texas Hospital Association, Houston.
March 7-9—New Jersey Hospital Association, Hotel Dennis, Atlantic City.
March 11-13—New England Hospital Assembly, Hotel Statler, Boston.
March 20—Louisiana Hospital Association, Washington Youree Hotel, Shreveport.
April 6-10—American Congress on Obstetrics and Gynecology, St. Louis.
April 9-11—Southeastern Hospital Conference, Peabody Hotel, Memphis, Tenn.
April 9-11—Georgia Hospital Association, Peabody Hotel, Memphis, Tenn.
April 13-16—Association of Western Hospitals, Olympic Hotel, Seattle, Wash.
April 15-17—Pennsylvania Hospital Association, William Penn Hotel, Pittsburgh.
April 16-18—Carolinas-Virginias Hospital Conference, John Marshall Hotel, Richmond, Va.
April 21-23—Ohio Hospital Association, Neil House, Columbus.
April 23-24—Mid-West Hospital Association, Hotel Continental, Kansas City, Mo.
April 23-24—Kentucky State Hospital Association, Brown Hotel, Louisville.
April 27-29—Iowa Hospital Association, Fort Des Moines Hotel, Des Moines, Iowa.
May 6-8—Tri-State Hospital Assembly, Stevens Hotel, Chicago.
May 6-8—Michigan Hospital Association, Stevens Hotel, Chicago.
May 11—Mississippi State Hospital Association, Jackson.
May 12-16—South Dakota Hospital Association, Hotel Carpenter, Sioux Falls.
May 17-22—American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing, Biennial Convention, Stevens Hotel, Chicago.
May 20-22—Hospital Association of New York, Hotel Statler, Buffalo.
May 22—Greater New York Hospital Association, New York City.
June 8-12—American Medical Association, Atlantic City, N. J.
Oct. 12-16—American Hospital Association, St. Louis.

This change in mattress design is

IMPORTANT TO YOU

—because it means **BETTER REST!**



● A Koyalon Mattress is one molded unit of latex foam—without loose padding or other inner elements. Instead of a limited number of resilient points, Koyalon has millions of springy latex particles which adjust themselves exactly to the body's curves and hollows, supporting more evenly and completely for better rest. Koyalon's completely porous structure provides hygienic ventilation, and makes thorough sterilization easier.

Koyalon
REG. U. S. PAT. OFF.

LATEX FOAM MATTRESSES ARE ECONOMICAL
because they're molded in one **SAG-PROOF** piece

UNITED STATES RUBBER COMPANY • 1230 Sixth Avenue, New York



Announcing

THE MERCK MANUAL

OF THERAPEUTICS AND MATERIA MEDICA

• SEVENTH EDITION — 1940 •

The Merck Manual is intended only for physicians, dentists, pharmacists, chemists, nurses, and those in allied professions.

1462 pages clearly printed on fine paper, bound in blue Fabrikoid covers with gold stamping.

PRICE \$2.00

OUTSIDE U. S. A. \$2.50

The seventh edition of THE MERCK MANUAL OF THERAPEUTICS AND MATERIA MEDICA, completely revised, is now available. The progressive period which has elapsed since the publication of the sixth edition of this widely-acclaimed book necessitated revolutionary changes and additions of text.

• **FROM AUTHORITATIVE SOURCES**—The section on Therapeutic Indications, 256 chapters of useful and authoritative information, includes in the prescriptions, the nomenclature of the eleventh edition of *The United States Pharmacopæia* and the sixth edition of *The National Formulary*. The discussion in each chapter has had the benefit of expert scrutiny of outstanding specialists with hospital and teaching affiliations in their respective fields. As in the case of the preceding edition, the therapy was outlined by the late Dr. Bernard Fantus, Professor of Therapeutics, College of Medicine, University of Illinois.

• **NEW FEATURES**—Of the same convenient pocket-size as the sixth edition, there is included a comprehensive index for quick reference to the chapters on etiology, diagnosis, therapy, prophylaxis, and general regimen. Among the new chapters are those on Bile Tract Disease, Circulatory Failure, Granuloma Inguinale, Granulocytopenia, Impotence, Hypoglycemia, Hypo-ovarian-

ism, Obesity, Roentgen-Ray Sickness, Lymphadenopathies, Jaundice, Spirochetal Jaundice, Psychoneuroses, and Psychoses.

• **PUBLIC HEALTH**—The chapters on subjects of special interest to public health, such as Syphilis, Malaria, Amebiasis, Typhus Fever, Yellow Fever, Dengue, Pellagra, Tularmia, Brucellosis and others, have had the special benefit of outstanding cooperation from experts whose duties pertain to those diseases.

• **A TRADITIONAL SERVICE**—Again presenting its traditionally recognized service, the seventh edition of THE MERCK MANUAL eclipses its predecessor in every respect. Orders, at a nonprofit price of \$2.00 per copy, will be filled in the order of their receipt.

This coupon will bring The Merck Manual promptly. Mail it today.



• **Professional Order Form** •

MERCK & CO. Inc., Rahway, N. J.

Please send me THE MERCK MANUAL (Seventh Edition) at the special price of \$2.00. (\$2.50 in Canada).

☐ Check, or money order, is enclosed. ☐ Send book C. O. D.

*If you desire to send remittance instead of receiving the book C.O.D. enclose this coupon and your check or money order for \$2.00 in a sealed envelope and the book will be mailed prepaid.

Name.....
(Please indicate title, if any)

Street.....

City..... State.....

MERCK & CO. Inc.

Manufacturing Chemists

RAHWAY, N. J.

Procurement and Assignment Group Holds First Meeting

WASHINGTON, D. C.—The Procurement and Assignment Service, established November 1 in the Office of Defense Health and Welfare Services for the purpose of coordinating the various demands on the nation's medical, dental and veterinary personnel, held its first meeting on November 8. Major Sam F. Seeley of the staff of the Surgeon General of the Army has been assigned to the Office of Defense Health and Welfare Services as executive officer of the Procurement and Assignment Service.

Dr. Frank H. Lahey, president of the American Medical Association, is chairman of the service. Other members are: Dr. Harold S. Diehl, dean of medical sciences, University of Minnesota; Dr. James E. Paullin of Atlanta, retiring president of the American College of Physicians; Dr. C. Willard Camalier of Washington, D. C., former president of the American Dental Association, and Dr. Harvey B. Stone of Baltimore, member of the A.M.A. council on medical education and hospitals.

The existing subcommittees of the health and medical committee on hospitals (Dr. Winford H. Smith, chairman), dentistry, industrial health and medicine, medical education and Negro health will serve as advisory committees.

In addition, four new subcommittees have been set up for the Procurement Service. These are as follows: public health, Dr. Carl V. Reynolds, Raleigh, N. C., chairman; veterinary medicine, Dr. John G. Hardenbergh of Chicago, executive secretary, American Veterinary Medical Association, chairman; women physicians, Dr. Sara Murray Jordan of Boston, chairman; information, Dr. Morris Fishbein of Chicago, editor, *Journal of the American Medical Association*, chairman.

Functions of the new Procurement and Assignment Service include not only procurement of personnel for needs of the emergency but also maintenance of medical service for civilian defense and for all civilian needs.

In announcing the plan, Paul V. McNutt, director of Defense Health and Medical Services, pointed out that the demands for physicians, dentists and veterinarians imposed by the needs of the Army and Navy particularly and to only a slightly lesser degree by the major defense industries have resulted in recruitment policies that are seriously draining many communities of their medical personnel. In the event of full mobilization, he said, the problem will become critical, unless an orderly plan is put into operation now to safeguard the future.

Twelve States Represented at New York Hospital Institute

One hundred and five registrants representing twelve states and the District of Columbia attended the New York Institute for Hospital Administrators held at Cornell University, October 20 to October 31. The program included 68 speakers.

The students were transported on field trips in double-deck buses, affording those from out of town an opportunity to do some sightseeing.

On the closing day a tea was held at the New York Hospital for those of religious orders who could not attend the dinner. Certificates were awarded at that time. Dr. Lucius R. Wilson was the speaker at the dinner and Dr. Claude Munger presented the certificates. Dr. Teofilo de Almedia, director of Hospital and Assistance, Division Federal Public Health Department, Rio de Janeiro, was the guest of honor.

Arrangements for the institute were directed by Dr. J. Masur, secretary of the New York Institute for Hospital Administrators.

Wyandotte Receives \$25,000

Wyandotte General Hospital, Wyandotte, Mich., was bequeathed \$25,000 by the will of the late John B. Ford.



THREE ACTUAL CASE HISTORIES

Institution "A"

Annual cooking fuel bills were.....	\$1200
Annual cooking fuel bills NOW.....	\$240
Return on "Agamatic" investment.....	20%

Institution "B"

Annual cooking fuel bills were.....	\$1000
Annual cooking fuel bills NOW.....	\$144
Return on "Agamatic" investment.....	36%

Institution "C"

Annual cooking fuel bills were.....	\$540.00
Annual cooking fuel bills NOW.....	\$124.00
Return on "Agamatic" investment.....	23%

CAN YOUR KITCHEN MEET THE CHALLENGE OF "Agamatic" COOKING RANGE ECONOMY?

TREMENDOUS FUEL SAVINGS PLUS!

- SAFETY. Elimination of cooking greases and excessive heat—causes of dreaded kitchen grease fires.
- COOLER, CLEANER, more healthful kitchen.
- Substantial savings on all roast meats.
- No top rings, plates, burners or elements to replace.
- Many other advantages.

This is the year to see that your kitchen operates at top efficiency and economy. Write for our representative to call without obligation. Literature on request.

THE Aga STOVE COMPANY

Specializing in economical operation of the institutional kitchen.

24 SOUTH AVENUE CRANFORD, N. J.



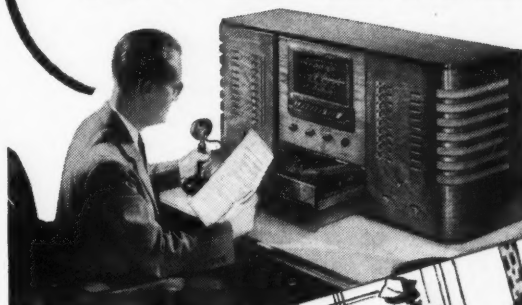
HOW'S YOUR BUDGET DOING?

Of course we realize that you may not be in the habit of closing your books at the end of the calendar year—but just the thought of another year gone by brings mental visions of what might have been if you could have controlled costs a little better. Right there is where both Wiltex and Wilco Curved Finger Latex Gloves fit into the picture—they DO reduce costs. How! you say—by the proven fact that they last so much longer in active service. Yes! with Wilco, 30 trips to the Autoclave is nothing unusual while Wiltex will withstand more than 50 sterilizations. So if your year doesn't end until Spring or later you still have time to switch to Wiltex or Wilco and avoid "year end" worries.



The WILSON RUBBER CO.
World's Largest Manufacturers of Rubber Gloves
CANTON, OHIO

RCA VICTOR OFFERS YOU A HOSPITAL LIFE LINE



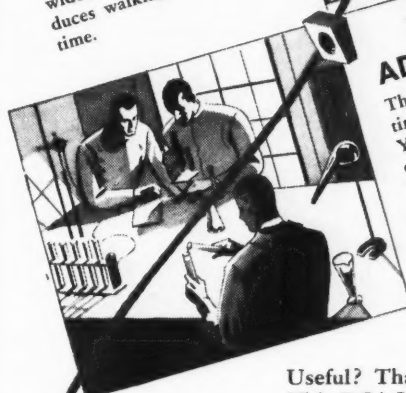
TO INCREASE EFFICIENCY

A flick of the finger and any staff physician or nurse may be located instantly with this RCA Victor Sound System. It provides fast, easy hospital-wide communication that reduces walking and waiting time.



TO SPEED ADMINISTRATION

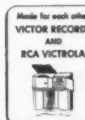
This system places the entire staff at your finger tips. You can talk to one person or all staff members instantly no matter where they may be in the building. Especially valuable in emergencies to coordinate staff efforts instantly and efficiently.



Useful? That's putting it mildly! This RCA Victor Sound System is just what you've been wishing for. And its low cost makes it a "must" for the modern hospital. Standard units are available for every requirement. Easy to operate. Made by the world's largest sound amplification company. Send coupon for details.

Trademarks "RCA Victor," "Victor" and "Victrola"
Reg. U. S. Pat. Off. by RCA Mfg. Co., Inc.

Any sound system sounds better equipped with
RCA Radio Tubes.



RCA Victor HOSPITAL SOUND SYSTEM

RCA Manufacturing Co., Inc., Camden, N. J. • A Service of the Radio Corporation of America • In Canada, RCA Victor Co., Ltd., Montreal

Commercial Sound Division (OD-12)
RCA Manufacturing Co., Inc., Camden, N. J.

Please send me full details about RCA Victor Hospital Sound System for () rooms.

Name _____
Hospital _____
Address _____
City _____ State _____

Further Amendments to Preference Ratings Announced by O.P.M.

A further amendment to Preference Rating Order P-22 was issued by Donald M. Nelson on November 10 to help hospitals and other agencies. The order formerly stated that replacements of machinery and equipment could not be made if the new machinery or equipment was "of a better kind, quality or design." The restriction now reads "unless such equipment is beyond repair."

Another amendment empowers the director of priorities to exempt certain groups from the limitations that they could buy no more than one fourth of their annual requirements in any one three months' period.

An important new aid to manufacturers of laboratory equipment was issued on November 15 as Preference Rating Order P-62. This gives an A-5 priority to the manufacturers of equipment and reagent chemicals specifically designed or prepared for use in research, clinical, academic and institutional laboratories.

The production of metal office furniture and equipment was sharply curtailed by an order issued on November 7. Under this order such equipment is classified into three groups: (1) insulated

metal filing cabinets, safes and metal visible record equipment; (2) other metal filing cabinets and metal lockers; (3) other metal office furniture and equipment. Large manufacturers must reduce their production of group 1 items by 30 per cent, of group 2 items by 45 per cent and of group 3 items by 60 per cent. Smaller manufacturers do not yet need to make such drastic cuts.

Hospitals that need copper in places where "physical and chemical actions make the use of other materials impractical" are permitted to purchase it under a recent amendment to the general restriction on copper sales embodied in Conservation Order No. M-9-c.

While it is not yet entirely clear just what effect the new system of allocations will have upon the supplies and equipment needed by hospitals, Milton H. Luce, administrator of the Health Supplies Plan in O.P.M., stated last month that he was convinced that the new system would benefit hospitals.

On November 14, O.P.A. announced a price ceiling on finished bed sheets below present prices; it is automatically adjustable according to raw "spot" cotton prices.

On November 21, the Health Supplies Section became a separate industrial branch of O.P.M. with William Bristol Jr. of Bristol-Myers Co. as chief.

Dietitians Meet

(Continued from page 102)

istration, New York City, in his philosophy of the education of employees pointed out the importance of recognizing human values in work relations. Among the points to be considered in meeting the personnel problems are the scientific selection of employees, careful follow-up work, health and safety measures, adequate compensation, fair hours of work, opportunity for promotion, and security in their jobs.

Age Restriction Removed by St. Louis Service Plan

The age limitation that prevented persons of 65 years or over from enrolling in Group Hospital Service, St. Louis, has been removed for employed persons, according to an announcement last month by Mrs. Edward J. Walsh, president of the service plan.

Arrangements have been made so the employees of the Southwestern Bell Telephone Company may obtain Blue Cross coverage on a pay roll deduction basis regardless of their place of residence or employment. Territory served by the company includes Missouri, Arkansas, Kansas, Oklahoma, Texas and a portion of Illinois near St. Louis.

HILL-ROM ROOMS

**BUILD COMMUNITY
GOOD WILL**

The value of a cheerful, home-like atmosphere in guest rooms is recognized by leading hospital authorities for its psychological effect on patient and family. HILL-ROM room ensembles, with furniture built from finest cabinet woods, and furnishings created by master decorators, add immeasurably to the reputation the hospital enjoys in the community. Hill-Rom furniture is just as serviceable as it is good looking — and moderately priced. Write for new literature.

HILL-ROM COMPANY, Batesville, Indiana



HILL-ROM FURNITURE

FOR THE MODERN HOSPITAL

FROM THE FIELDS OF DIXIE



BETTER VALUES IN ABSORBENT COTTON!

Living within the "Cotton Belt," Carolina Absorbent men just naturally know cotton. Staples and grades are about as simple to them as the alphabet. Keen judgment helps them buy the best in raw cotton values.

And, processing this cotton into the finest finished product comes as "second nature." With the most modern equipment, the fibers are carded evenly and smoothly into clean, uniform, highly absorbent cotton. Carolina has the right grade for your needs, in conveniently wrapped one and five pound rolls. Write for samples for comparison, today.

SURGICAL DRESSINGS—TEXTILES

"Manufactured Where Grown"

Carolina
ABSORBENT COTTON CO.
CHARLOTTE, N.C.

TYPICAL HYGEIA ADVERTISEMENT REACHING MOTHERS AND PROSPECTIVE MOTHERS



NURSING MOTHERS

*Ask your doctor
about baby's feeding*

BEFORE you leave the hospital be sure you have your doctor's advice on breast and supplementary feeding. Ask him about these advantages of Hygeia Nursing Bottles and Nipples.

EASY TO CLEAN...Wide-mouth and rounded corners make the Hygeia Bottle easy to wash...no dirt-catching crevices to harbor dangerous germs. Wide-mouth makes bottle easy to fill.



HEAT-RESISTANT GLASS...Hygeia Nursing Bottle is now available in heat-resistant as well as regular glass. This glass is the same type used so successfully in bak-

ing dishes. It resists temperature changes...bottle can be sterilized without danger of breakage, or thrust into boiling water to heat the formula at feeding time.

REDUCES WIND-SUCKING...

The patented valve in the Hygeia Nipple (see arrow) reduces wind-sucking by preventing nipple collapse and thus insuring an even flow of milk. *Sanitary rubber cover* makes it easy to seal bottle for storage or for carrying when traveling or shopping.



Druggists everywhere carry Hygeia Nipples and Hygeia Heat-Resistant or Regular Nursing Bottles. Hygeia Nursing Bottle Company, Inc., 197 Van Rensselaer St., Buffalo, N. Y.



HYGEIA
NURSING BOTTLES
AND NIPPLES

Safer... because easier to clean

Standardization Conference

(Continued from page 108)

ployes, beyond making available to them the facilities of the institution." He cited reasons why a health program is desirable, adding that it must be adequate to support confidence and to bring about results.

Hospitals throughout the country today are in need of modernization and new construction, entirely independent of the defense program. "However," warned Oliver H. Bartine, superintendent, Bridgeport Hospital, Bridgeport, Conn., "we should use judgment and be careful not to mortgage our institution too heavily, for there may come a day of reckoning." As compared with 60 and 70 cents per cubic foot, which authorities recently considered a proper basis for valuing hospital building costs, Mr. Bartine finds that the lowest figure available today in one community is 80 cents and in another, 89.

In considering further the financial situation as affecting hospitals, Albert H. Scheidt, administrator, Miami Valley Hospital, Dayton, Ohio, deprecated the financial exploitation of private patients. He termed the inability to keep the majority of facilities at a cost commensurate with the average individual's ability to pay a major indictment of these institutions.

The important part played by hospital trustees in these difficult times and the need for educating them to their growing responsibilities were emphasized in a panel discussion of the hospital trustee in his relationships and responsibilities led by Raymond P. Sloan, editor of *The Modern Hospital*. Frank O. Robson, Harrington Memorial Hospital, Southbridge, Mass.; John MacGregor, Faulkner Hospital, Jamaica Plain, Mass.; Samuel Stewart, president, Central Maine General Hospital, Lewiston, Me., and Dr. Charles F. Wilinsky, executive director, Beth Israel Hospital, Boston, collaborated.

Hospital public relations, never a more important question than it is today, was the subject of a breakfast conference at which Oliver G. Pratt, superintendent, Salem Hospital, Salem, Mass., presided. In emphasizing the importance of the printed word, Wesley Fuller of the *Boston Herald* urged the appointment of someone qualified to administer the program, one possessed of a certain amount of training and experience and an understanding of newspapers. He suggested talking over the problem with some local newspaper man, editor or reporter. Next, he advised the appointment of someone connected with the hospital to act as public relations director or publicity adviser.

Speech Recorded for London Meeting

Without leaving the United States, Dr. Malcolm MacEachern, president of the International Hospital Association, spoke at a meeting in London of the British Hospitals Association and the United Kingdom Council of the International Hospital Association on November 25. His speech, approximately thirty minutes in length, was prepared on a record and sent to London for playing to the delegates attending the meeting. A print of Doctor MacEachern's new motion picture, "White Battalions," was also sent to London for the meeting.

Nursing Pamphlet Published

"Better Nursing for America," a pamphlet presenting the urgent need for more nurses, has just been released by the Public Affairs Committee. Copies of the pamphlet may be ordered from the Nursing Information Bureau of the American Nurses' Association.

Record Librarians Publish History

The second edition of the history and development of the American Association of Medical Record Librarians has just been published by the association. This edition is dedicated to hospital administrators.

Here's a MONEY-SAVING Plan on LABORATORY EQUIPMENT!

Kewaunee's
"CUT-COST SYSTEM"

By offering a wide variety of matched units Kewaunee is able to meet virtually every Laboratory need. Lower costs are made possible because special engineering is eliminated, large scale manufacturing is made possible, installation costs are reduced and deliveries are speeded up. Investigate Kewaunee's "Cut-Cost System" for equipping any Laboratory, large or small, with your choice of wood or metal furniture. We also manufacture custom-built metal case and cabinet work for all hospital purposes.

Write for the new Kewaunee Catalogs



C. G. Campbell, President

5023 S. Center St., Adrian, Mich.

Eastern Branch: 220 E. 42nd St., New York, N. Y.
Mid-West Office: 1208 Madison St., Evanston, Ill.
Representatives in Principal Cities

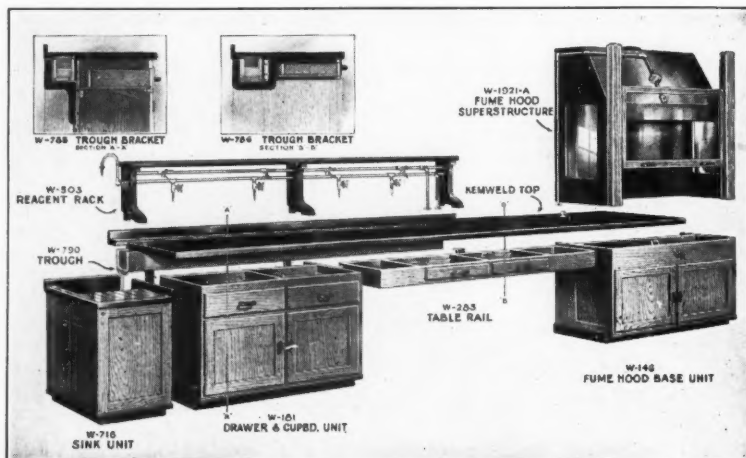
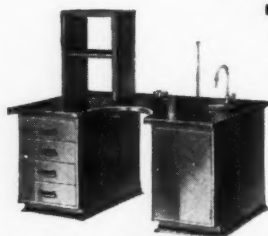
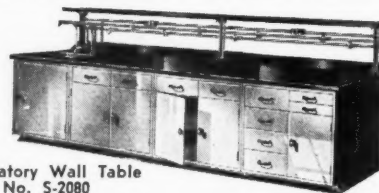


Illustration above shows how Standard Furniture Units are assembled by the Kewaunee "Cut-Cost System." This Kewaunee Laboratory Table No. W-2045 is made up of 10 Standard Kewaunee Units.

Kewaunee Automatic Adjustable Stools and Chairs



Laboratory Wall Table No. S-2080



Private Laboratory Table No. S-2130



Kewaunee Wall Case No. W-425 made up of 5 Standard Kewaunee Units

*"I said Lysol and
I mean Lysol!"*



You wouldn't fill a doctor's prescription with drug substitutes. Filling his requisition for Lysol with a substitute cresol is just as unethical and unsound.

When Lysol solutions are requisitioned, see that the genuine article is supplied. Other cresol disinfectants may not have Lysol's strength and uniformity.

Why it pays to insist on Lysol

1. **Lysol is effective**—phenol coefficient 5. Kills all kinds of microbes that are important in disinfection and antisepsis.

2. **Lysol is non-specific**—effective against ALL types of disease-producing vegetative bacteria. (Some other disinfectants are specific... effective against some organisms, less effective or practically ineffective against others.)

3. **Lysol is economical**—can be diluted 100 to 200 times and still remain a potent germicide. (In bulk, Lysol costs only \$1.25 per gallon—on 50-gallon minimum yearly contract, delivered 10 gallons at a time.)

4. **Lysol is harmless to rubber gloves, sheeting.**

5. **Lysol helps preserve keen cutting edges** of instruments—when added to water in which they are boiled (0.5% solution). Prevents corrosion.

6. **Lysol is efficient in presence of organic matter**—i.e., blood, pus, dirt, mucus, etc.

NOTE: Chart of economical, effective Lysol solutions sent on request.

BUY LYSOL IN BULK

HOW TO ORDER LYSOL IN BULK

The sale of Lysol in bulk for institutional purposes is restricted to the following hospital supply organizations:

JAMISON SEMPLE COMPANY
419 Fourth Ave., New York

ECKHARDT PHYSICIANS &
SURGEONS SUPPLY COMPANY
Littlefield Building, Austin, Tex.

AMERICAN HOSPITAL
SUPPLY CORP.
1086 Merch. Mart, Chicago, Ill.

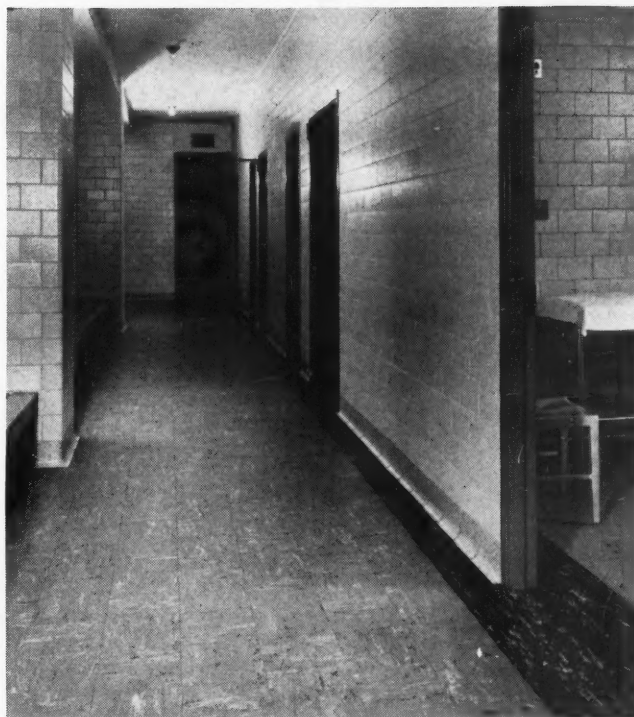
Address inquiries regarding orders, shipments, etc., to any of the above or direct to

LEHN & FINK PRODUCTS CORP., Hosp. Dept. M. H.-1241, Bloomfield, N. J., U. S. A.

STONE HALL CO.
1738 Wynkoop St., Denver, Col.

STRIEBY & BARTON, LTD.
912 1/2 E. Third St.
Los Angeles, Calif.

SURGICAL SELLING COMPANY
139 Forrest Avenue, N. E.
Atlanta, Ga.



Corridor, Children's Memorial Hospital, Chicago.

Look into TILE-TEX for 1942

Your needs demand a floor that will stand up under the most wearing traffic. Resolve for next year to investigate this Tile-Text feature.

Your sanitation requirements demand a floor that stays "hospital clean" with a minimum of care and attention. Resolve to investigate this unique Tile-Text advantage.

Your budget fixes your expenditure. Resolve to investigate the long years of added wear you get from Tile-Text in comparison with other types of floors.

Your institution requires individuality. Resolve to find out about the striking custom-built effects made possible by the 60 colors and 15 sizes in which Tile-Text is available.

Your service calls for constant uninterrupted use of your facilities. Resolve to find out how easily and quickly Tile-Text can be repaired or installed.

THE TILE-TEX COMPANY

CHICAGO HEIGHTS, ILLINOIS

MAIL THIS COUPON TODAY

Send me your free booklets

☐ "Floors That Endure"

☐ "Decorative Walls by Tile-Text"

Name

Address

Town..... State..... MH-12

New Women's Auxiliary Is Doing Public Relations Job (Continued from page 72)

ing, Elizabeth Lee Nichols, the superintendent, invited a speaker from Grand Rapids where the auxiliary is doing a good job and from then on the Battle Creek auxiliary has been strictly on its own. Mrs. McLee reads avidly all of the suggestions given in the Women's Service Groups department of *The Modern Hospital*.

In addition to its public relations activities the auxiliary has an active housekeeping committee, a notification committee and a sewing committee.

Since the hospital is a community fund project the auxiliary is not permitted to solicit funds from the public for its enterprises but it manages to make a little money. From its funds it has furnished a recreation room for the nurses in the hospital, has given several parties for the nurses, has bought a vacuum cleaner and will help replace some draperies. The housekeeping committee works closely with the executive housekeeper.

The sewing committee meets all day on Tuesdays and the hospital serves a simple lunch for which those present pay 25 cents.

How does the auxiliary raise money

for these projects when it can solicit none?

A local merchant pays \$25 in models' fees each year to members who model for a fashion show given in his store. There are two types of memberships open in the auxiliary—a regular membership with dues of \$1 a year and an associate membership with dues of \$5 or more.

This year the membership has grown to 300 and many \$1 dues paying members have jumped to the associate membership class and several \$5 associates have given \$10 in dues.

Only three general business meetings are held during the year. The January meeting takes the form of a jelly shower.

Eye Injury Study Issued

According to a study sponsored by the National Society for the Prevention of Blindness and issued by the Columbia University Press, 98 per cent of the eye injuries that occur daily at the rate of 1000 and represent an annual loss of \$200,000,000 are wholly unnecessary. The study was the work of the late Louis Resnick and the report, based upon twenty years of personal observation, was completed three days prior to his death last March.

Hillside Hospital Dedicates New Plant of Four Buildings

Hillside Hospital, New York City, recently dedicated its new plant, consisting of four buildings to accommodate 80 patients.

Disturbed patients are cared for in the Eugene Littauer Hall, which contains hydrotherapy and occupational therapy rooms, as well as dining rooms and kitchen. The administrative department, doctors' and nurses' rooms and reception rooms are located in the Henry Kaufmann Hall. Two cottages for convalescent patients complete the hospital building group.

Hillside Hospital maintains one doctor for every 13 patients. The institution is devoted to the care of incipient mental disease cases and has been approved for the teaching of psychiatry.

Philadelphia Plan Celebrates Birthday

A window display celebrating the third anniversary of the Associated Hospital Service of Philadelphia centered about a \$30,000 blue cross made of hundreds of diamonds and sapphires. Philadelphia's Blue Cross Hospital Plan marked the end of its first three years in November with 350,000 subscribers and \$3,000,000 in hospital payments.

Respiratory Stimulant

LOBELIN - Bischoff

ACTS AS A DIRECT STIMULANT TO THE
RESPIRATORY CENTER IN CASES OF
NEONATAL ASPHYXIA



Reprints on Request

ERNST BISCHOFF COMPANY, INCORPORATED
IVORYTON, CONNECTICUT



A GIFT THAT WILL BE APPRECIATED

Is there a friend or an associate in hospital work to whom you would like to give an inexpensive yet very appropriate gift this Christmas?

Have you considered giving a year's subscription to *The Modern Hospital*?

Such a remembrance will be appreciated not only at Christmas, but each month as it arrives for an entire year.

Could there be a more appropriate gift or one that will be more useful?

If you are not receiving your own personal copy of *The Modern Hospital*, you may wish to make yourself a present of a year's subscription.

To those receiving gift subscriptions an attractive holiday message will be mailed so that it is delivered during Christmas week.

You can mail check with the coupon below or send it later, just as you wish. Give us the names now, however, so that we may prepare the gift announcements.

The MODERN HOSPITAL, 919 N. Michigan, Chicago, Ill.

Please send *The Modern Hospital* for one year to

Name _____

Street _____

City _____ State _____

Send GIFT ANNOUNCEMENT with following name

☐ check enclosed for \$3

☐ send bill to

Name _____

Street _____

City _____ State _____



To DOC—
— from Sudsey

"Sure I'll keep the new floors clean! But Doc, are they Kentile? Say, that stuff cleans easy as applesauce—just mop it. And them nurses heels can't dent it—even though it seems so soft and quiet like. Now don't think I'm suggesting expense. The engineer gives out that Kentile is one of the lowest cost floors made—forever, because it wears so well. Then, too, if you ever want to move a wall or something you can repair just that part without touching the rest. Which is just a few of its advantages. Kentile's 44 colors and 15 tile sizes make gorgeous patterns; it's fireproof; it can be laid right on concrete . . . yeh, of course you're busy Doc, but I thought you should know about Kentile. Oh don't mention it; always glad to help you, Doc."

KENTILE

Asphalt Tile



Yes, you should know ALL about Kentile. Write now for our new, big, full color catalog—without any obligation. Mail a postcard today to

DAVID E. KENNEDY, INC.

Dept. M, 62 Second Avenue, Brooklyn, N. Y.

Names in the News

Administrators

EDGAR BLAKE JR., superintendent of Methodist Hospital, Gary, Ind., since 1931, became associate superintendent of Wesley Memorial Hospital, Chicago, on November 1 and will work in collaboration with Dr. RAYMOND W. MCNEALY, superintendent. Mr. Blake is a former president of the Indiana Hospital Association and a member of the house of delegates of the A.H.A. From 1920 to 1930 he was director of a boys' home and trade school in Charvieu Isere, France. ERNEST R. SNYDER, assistant superintendent at Wesley since 1925, is taking a four months' leave of absence beginning December 1. REV. JAMES LAWSON, pastor of the First Methodist Church of Hammond, Ind., has been appointed superintendent of the Methodist Hospital to succeed Mr. Blake. The Rev. Mr. Lawson has been president of the board of trustees of the hospital for the last seven years.



MAURICE STOLLERMAN will assume his new duties as superintendent of Miriam Hospital, Providence, R. I., on December 15 after studying the administrative programs and policies of several leading hospitals in other states, the hospital's board announces. Mr. Stollerman formerly was superintendent of the Jewish Orphanage of Rhode Island.

AIDA E. CREER has been named superintendent of Waterbury Hospital, Waterbury, Conn., succeeding Dr. B. HENRY MASON, who resigned August 1. ALMA A. MARTINKAT has been appointed assistant superintendent by the hospital's executive committee. Miss Creer formerly was assistant superintendent of the hospital and Miss Martinkat was in charge of the admitting office.

Dr. E. M. MYERS has been appointed superintendent of the state hospital at Woodward, Iowa, succeeding Dr. CHARLES E. IRWIN, who resigned to enter private practice at Keota, Iowa.

Dr. F. C. ANDERSON, for twenty-one years superintendent of Ohio State Sanatorium, Mount Vernon, Ohio, has resigned to enter private practice.

RICHARD LISCH has been named administrator of the new city hospital at

South Haven, Mich., now under construction. Mr. Lisch will assume his duties in January.

CHARLES S. PAXSON JR. has been named superintendent of Delaware County Hospital, Drexel Hill, Pa., to succeed MELVIN L. SUTLEY. Mr. Paxson has been assistant superintendent of Hahnemann Hospital, Philadelphia, for the last eight years.

WILLIAM B. KENTS has retired as superintendent of William McKinley Memorial Hospital, Trenton, N. J. WILLIAM B. MEYTROTT has been named to succeed Mr. Kents, who has been appointed superintendent emeritus of the hospital.

RILEY MCDAVID succeeded ROLAND SCOTT as assistant administrator of Evangelical Hospital, Chicago, on November 1. Mr. McDavid has been the admitting officer at Billings Hospital for the last three years.

SISTER MARY CELESTE, R.S.M., has been named superintendent of Mercy Hospital, Baltimore. She succeeds SISTER MARY VERONICA, R.S.M., who has been elected Mother Provincial of the Southern Province of the Sisters of Mercy.

FRED E. GRAHAM has been named assistant administrator of Evanston Hospital, Evanston, Ill., to succeed GRAHAM L. STEPHENS JR., who has enlisted in the Royal Canadian Air Force. Mr. Graham



A GREAT NEW FACTORY

When you need hospital equipment ask your local surgical supply dealer or write direct to

Geared for faster service to all Hospitals in any NATIONAL EMERGENCY

Marking over a century of service to hospitals throughout the nation, WOCHER, under the direction of the third generation of its founder's family, has recently enlarged its manufacturing facilities.

This additional plant capacity makes it possible for us to better meet national defense needs and at the same time provide improved products and service to our regular customers.

Finest Surgical Furniture Since 1837

THE MAX WOCHER & SON CO. 29-31 W. 6th St.

Cincinnati, Ohio

WE NURSES AND OUR PATIENTS AGREE:

PALMOLIVE MAKES BATHING PLEASANTER!



More and more attention is being paid by hospitals to little things that help make patients comfortable—make them feel more at home.

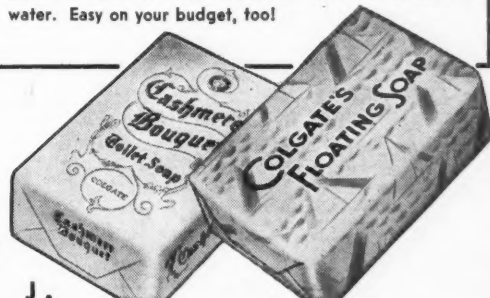
The rapidly increasing use of Palmolive Soap for patient care is typical. Made with rich Olive and Palm Oils—the costliest oil blend used for any leading soap—it meets the highest hospital standards in purity. And as to

popularity—its gentle, cleansing lather, its refreshing fragrance have made it *the world's favorite toilet soap!*

Give your patients the extra luxury of Palmolive. Chances are, they use it at home! The cost? No more than you pay for ordinary soaps! Write for the C.P.P. handy "Soap Buying Guide" and prices on the sizes and quantities you need!

For those who prefer a hard-milled white soap, we suggest Cashmere Bouquet. Its rich, creamy lather and its delicate perfume make it a particular favorite with women patients.

Among those who prefer a floating soap, Colgate's Floating is a favorite. It is a pure, white soap unsurpassed in quality. Lathers abundantly in hot or cold water. Easy on your budget, too!



COLGATE-PALMOLIVE-PEET CO.

INDUSTRIAL DEPARTMENT, JERSEY CITY, N. J.

attended the University of Missouri, was auditor of the University of Missouri Hospitals for one year and more recently was assistant administrator.

DESSA H. SHAW has submitted her resignation as superintendent of Washington County Hospital, Washington, Iowa, effective December 31.

JOHN T. BATH recently announced his resignation as administrator of Nesbitt Hospital, Kingston, Pa., a position that he has held for the last eleven years. Mr. Bath is succeeded by KINGSLEY A. ECKERT.

ELIZABETH A. KAVANAUGH has announced her retirement as superintendent of Hudson County Contagious Disease Hospital. Miss Kavanaugh has been superintendent of the hospital for the last twenty-three years.

MRS. LEWIS M. MILLER has resigned her position as superintendent of Towan Memorial Hospital, Salisbury, N. C. Mrs. Miller is succeeded by LLOYD H. CHADBOURN.

Miscellaneous

RICHARD WEST has been appointed director of public relations of New Haven Hospital, New Haven, Conn., succeeding Lois D. McCoy, who has been selected to head the new personnel department at Massachusetts General Hos-

pital, Boston. Mr. West recently completed postgraduate study in hospital administration at the University of Chicago. Since that time he has been serving as administrative intern under JAMES A. HAMILTON, administrator of New Haven Hospital.

ANNA WILLENBORG, who has served the American Association of Nurse Anesthetists as executive secretary since 1937, has resigned her position to return to active work in anesthesia. MARY E. APPEL has been appointed to succeed Miss Willenborg.

ROBERT M. CUNNINGHAM JR., promotion manager for the Plan for Hospital Care, Chicago, was appointed assistant editor of *Hygeia*, the popular health magazine of the American Medical Association; he took over his new duties on November 10. Mr. Cunningham has been connected with the Plan for Hospital Care since its early days. He is also the editor of the *Pilot*, monthly house magazine published by Evanston Hospital, Evanston, Ill.

DR. JACOB PRAGER has been appointed medical director of the Israel Zion Hospital, Brooklyn, N. Y.

YELLINA SEEVERS, a graduate of the course in hospital administration of the University of Chicago, has been appointed to the staff of the Kellogg

Foundation, Battle Creek, Mich., to assist GRAHAM DAVIS. Miss Seevers recently completed a year's internship in hospital administration at Henrotin Hospital, Chicago, under VERONICA MILLER, the superintendent.

Department Heads

MRS. LEORA HACKETT, formerly housekeeper at the Eastgate Hotel, Chicago, recently has been made executive housekeeper at Mercy Hospital, Chicago.

ALICE A. WESTON, director of nursing at Reading Hospital, Reading, Pa., resigned recently.

Deaths

DR. WALTER S. GOODALE, superintendent of the Edward J. Meyer Memorial Hospital, Buffalo, N. Y., since its establishment twenty-four years ago, died recently. DR. WILLIAM T. CLARK, who served as assistant superintendent under Doctor Goodale, has been appointed head of the hospital.

MARY EDNA GOLDER, chief dietitian of St. Anne's Hospital, Chicago, died on October 24.

MABEL F. WHEELER, director of nursing at Brockton Hospital, Brockton, Mass., died on October 29.

DR. IRA C. DARLING, superintendent of Torrance State Hospital, Torrance, Pa., died on October 11.

CAFATRAYS

Eleven Correct Sizes—
One for Every Service



Cafatrays—the best serving trays in the world—may be obtained by hospitals for replacement or maintenance under the hospital priority classification A-10. Order your replacements now.

Ask your equipment dealer, and demand genuine CAFATRAYS.

CHELSEA PRODUCTS, 281—11th AVE., NEW YORK
Makers of the famous CAFATRAYS.

Get the EXTRAS in WITT CANS

WITT CANS and PAILS are extra safe for storage of food or disposal of garbage and other waste. They meet all requirements of health authorities.

Use them, abuse them...they can take it.

That's why their use is constantly increasing in leading institutions, hotels and restaurants.

Help offset rising costs and protect health.

There is a size and kind for every need.



Your jobber can supply you.
Catalog upon request.



Witt Cans and Pails are guaranteed to outwear from 3 to 5 ordinary cans.

The WITT CORNICE CO.
CINCINNATI, OHIO

Satisfaction is Long Remembered



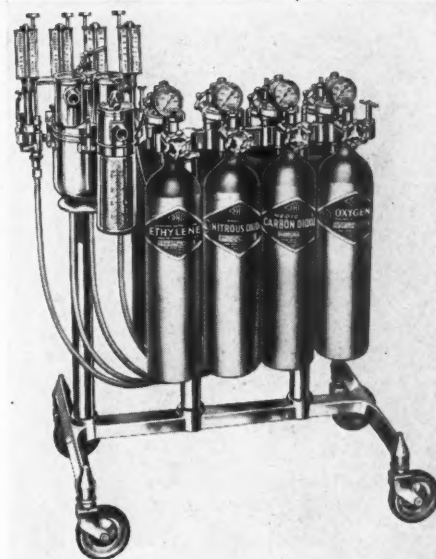
Because hospitalization occurs so seldom to the average individual, the treatment and service rendered is long-remembered. So your success depends in large measure upon the way patients relate their hospital experience to friends.

A sympathetic, well-trained staff and adequate, safe equipment both have important parts in creating lasting memories of complete satisfaction. For their anesthesia equipment, leading hospitals rely upon the dependability and simplicity of THE HEIDBRINK KINET-O-METER.

The Kinet-o-meter meets the re-

quirements of all anesthetists for the gases now generally used. Any gas may be administered separately, or in combination with any or all of the other gases. The control of the equipment is simple, understandable and safe. The proper hooking of apparatus and gases is so clearly designated that error is practically impossible. In short, the Kinet-o-meter not only enhances the technique of the anesthetist but also can be depended upon for any emergency that may arise.

The Kinet-o-meter brochure describes in detail the 4-gas, the 3-gas and 2-gas Heidbrink anesthesia apparatus and accessories. Mail coupon for a copy.



THE OHIO CHEMICAL & MFG. CO.

Pioneers and Specialists in Anesthetics

1177 MARQUETTE STREET, CLEVELAND, OHIO

Branches in all Principal Cities

THE OHIO CHEMICAL & MFG. CO., CLEVELAND, OHIO

Please send your brochure giving complete details and specifications of the Kinet-o-meter.

Name _____

Address _____

City _____

State _____

Books on Review

HOTEL ENGINEERING, VOLUME 2, A STUDY OF ELECTRIC CURRENT CONSUMPTION. By George C. St. Laurent. New York: American Hotel Association of the United States and Canada. 1941. Pp. 44. \$1.50.

This study tabulates in great detail the result of an exhaustive survey of electric current consumption in 324 hotels, reviews the latest developments in the electrical industry that are applicable for hotel use and makes many valuable suggestions for effecting economies in electric costs which are applicable to hospital operation.

The proper approach to the electric company rate problem is discussed, together with other important problems, such as electric generation compared with purchased electric current, electric cooking compared with gas cooking and central plant *v.* individual refrigerating unit operation.

Several pages are devoted to specific suggestions for controlling and reducing the total electric consumption through intelligent operation of electric current consuming equipment. The importance of proper motor maintenance, elevator,

lighting, air conditioning and ventilating fan operation is stressed; the study points out many methods of effecting economies in the use of this institutional equipment.

Hospital executives will find this study profitable reading.—STARR PARKER, M.E.

THE POLITICAL LIFE OF THE AMERICAN MEDICAL ASSOCIATION. By Oliver Garceau. Cambridge, Mass.: Harvard University Press. 1941. Pp. 182. \$2.50.

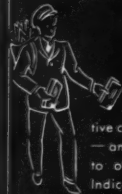
Proceeding on Al Smith's principle of looking at the record, Oliver Garceau of the department of government, Harvard University, has made a critical analysis of the organization, working and public relations of the American Medical Association from its published records. He has had some correspondence with its officials but disclaims any study by personal interview and observation.

The A.M.A., he concludes, "is run by an active minority," the policies of which have lowered the status of the association in the mind of the general public during recent years. "The A.M.A.," he says, "has done some things exceedingly well and some very badly. It is under con-

stant threat of being treated as though everything it did was *prima facie* venal. The A.M.A. would like to be the sole voice and final arbiter on all matters touching upon health. It has not in recent times been accorded any such monopoly. . . . Legislatures and courts have often accepted professional standards against corporate practice, yet the A.M.A. has recently been made ridiculous in legislative hearings. . . . It is all very well to say America is the healthiest nation in the world. That is no match for evidence that medical care is not available for suffering people. The emotional response just is not the same. . . . The A.M.A. owes to itself and to the public a better performance than it has recently achieved."

According to Mr. Garceau, analysis of its reputedly democratic organization reveals that the association's machinery is at many points designed to cement the power of the insiders rather than that of the rank and file. The house of delegates, nominally the supreme body in control of "policy," actually has many limitations over its effectiveness in expressing the interests of the mass of physicians. The house has no control at one vital point, *i.e.* the annual budget of the association. For this, a small board of trustees and the officers are responsible.—MICHAEL M. DAVIS.

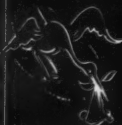
Just what the doctor ordered..



Today many hospitals are asking for an indicator soda lime—one that will show a sharp, definite color change as CO₂ absorptive capacity becomes exhausted—and we're proud to be able to offer you our new Wilson Indicator Soda Lime.



It's the same pure white dependable Wilson Soda Lime you've made your standard—with the addition of a small amount of ethyl violet, which, as absorptive efficiency fails, turns the granules to a deep, unmistakable violet.



But, while new on the market, there's nothing premature about Wilson Indicator Soda Lime. It was shown to several leading anesthetists as early as 1936, held in abeyance because at that time most doctors felt any indication

beyond patient reaction was unnecessary. But we didn't abandon the idea, kept on with our research. And today, when many anesthetists feel that a dependable indicator may be a helpful auxiliary in avoiding inconvenient emergency changing of canisters, we are ready with it.



So suit yourselves. If you still prefer regular Wilson Soda Lime, without the indicator, it's available, as always. If you want an indicator soda lime, let us show you Wilson Indicator Soda Lime. Your hospital supply house undoubtedly stocks it.

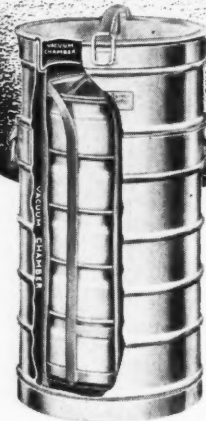


Remember, whichever you choose, you get the same freedom from heating and caking, freedom from dust, comfort for the patient. The same handy 5-gallon pail with the convenient pouring spout. And the same economical price.

WILSON
Indicator SODA LIME

PRODUCT OF DEWEY AND ALMY CHEMICAL CO. CAMBRIDGE, MASS. - OAKLAND, CAL.
TRADE U.S. PAT. OFF.

**The simple
AerVoiD way**



*To keep foods hot
To transport hot foods*

A durable, all-metal high-vacuum insulated "carrier" to keep foods hot plus an "assembly" of food pans to carry either 1, 2, 3, 4 or 5 hot foods . . . that's an AerVoiD Food Carrier.

For hot soups, hot coffee, hot liquids AerVoiD "Convertibles."

Just put hot foods in AerVoiDs and clamp down the cover . . . that's all. AerVoiDs keep foods and liquids hot for hours even when transported miles in outdoor, cold-weather temperatures. In institution service from coast to coast. Write for literature today.

No steam
No gas
No electricity
No piping
No wiring
NO INSTALLATION
—a self-contained unit

VACUUM CAN COMPANY
25 South Hoyne Avenue Chicago, Illinois

Your fingerprint is a positive identification. But to mark your possessions against loss or misuse there is a better method — Cash's Names attached to every article you want identified.



Personal	{ 12 doz. \$3.00	9 doz. \$2.50 }
Name Prices	{ 6 doz. 2.00	3 doz. 1.50 }

SPECIAL! For those who desire woven name quality at the lowest possible price we offer Cash's **JACQUARD** Woven Names in 3 styles. Ask about them.

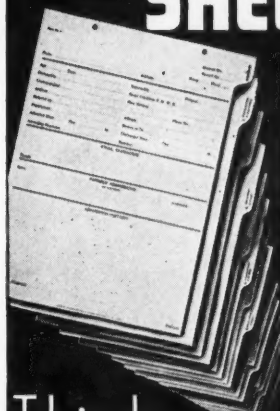
**Write and let us figure on your needs,
whether institutional or personal**



CASH'S

211 Chestnut St., So. Norwalk, Conn., or 6208 So. Gramercy Pl., Los Angeles, California.

CASE RECORD SHEETS



Tab-in-dex System



- Summary
- Physician's Directions
- Progress Record
- Graphic Chart
- Nurse's Record
- Laboratory Record
- Case History
- Anesthesia Chart
- Operative
- Ear, Nose and Throat Record
- Pregnancy and Labor Record
- Obstetric Record
- Newborn Record
- X-Ray Requisition
- Consultations
- Fracture Record
- Religious Record
- Eye Record
- Diet Record
- Diabetes Chart
- Diet Record for Diabetics
- Admission Agreement
- Analysis of Hospital Service
- Dental Record

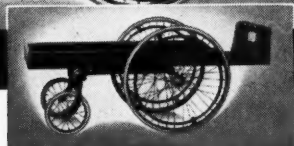
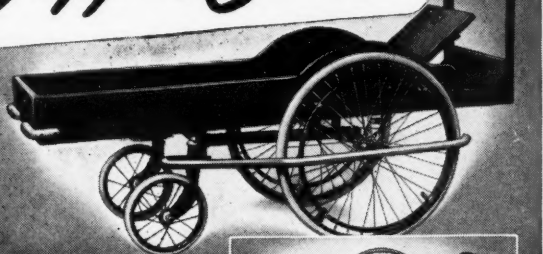
Form No. 1
Form No. 2
Form No. 3
Form No. 4
Form No. 5
Form No. 6
Form No. 7
Form No. 8
Form No. 8-C
Form No. 9
Form No. 9-CB
Form No. 10-C
Form No. 10-NB
Form No. 10-XR
Form No. 11
Form No. 12
Form No. 13
Form No. 14
Form No. 15
Form No. 16
Form No. 17
Form No. 18
Form No. 19
Form No. 20

TOP OPENING AND
SIDE OPENING COVERS

**Prices - Samples
on Request**

CON. P. CURRAN PRINTING CO.
8th AND WALNUT STS. . . . ST. LOUIS, MO.

Cripple Carts



FOR children whose infirmities necessitate a cripple cart, Model 4402 has proved most popular. Patient can lie down or recline in cart at any angle. Especially recommended for the patient in a cast or strapped to a litter. Hand rims on the large rubber-tired wheels permit patient to propel cart. All wheels and the swivel-forks of the small ones are ball-bearing mounted. Rubber bumpers are standard equipment.

Model 4400 has no back rest—is intended for type of service required by an active crippled child.



Write for Catalog C-262

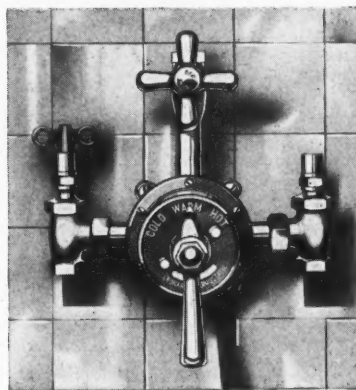
It gives complete details on Colson Cripple
Carts and Wheel Chairs

THE COLSON CORPORATION
ELYRIA, OHIO

Offices and Agencies in Principal Cities



THERMOSTATIC CONTROL FOR SHOWERS



LEONARD SERIES R VALVES

For safe dependable performance, Leonard Series R Valves are unsurpassed. Anti-scalding and anti-chilling, they are indispensable in modern hospitals and sanitariums where it is essential that water of the proper temperature be delivered from the shower head.

Distributed through recognized plumbing wholesalers

Manufactured by

LEONARD VALVE COMPANY

1360 ELMWOOD AVE.

CRANSTON, R. I.

Reader Opinion

For Simplified Uniforms Sirs:

In these trying times when hospitals are seeking for means, the thought has occurred to me that there is one problem which has not been studied and which would save institutions a great many dollars annually.

That institutions are able to save a great deal of money in standardized equipment no one will deny. Why not standardize, or at least simplify, the uniform of the student nurse?

There are as many component parts in the uniform of a student nurse as there are to the harness of a mule. In addition to the important factor of comfort, there are many things to be considered in simplifying it. Ordinarily, the student nurse's dress is made of a special check or gingham; this is not a standardized item and, therefore, cannot be purchased to any great advantage. Then there is a large, full apron that must be starched and, in a great many instances, hand-ironed in the laundry. Then comes the bib; this falls in the same category. The uniform is topped off with a pair of doubly starched cuffs

and a starched collar. These articles usually are sent to an outside laundry for special processing. Special cuff buttons also increase the expense of the uniform.

For a period of years I have been interested to see the alacrity with which the student nurse discards her harness, as it were, for the comfortable, simple uniform of the graduate nurse. There must be some method whereby the student's uniform could be simplified at a saving of many dollars annually to the institution.

J. R. Clemmons, M.D.
Director

Roosevelt Hospital
New York City

Objection Sustained Sirs:

In the October issue of *The Modern Hospital*, page 71, under the heading, "Hospital Service Plans Incorporated in A.H.A. as Institutional Members," second column, you make a report with which I disagree. The manner in which this report is worded would indicate that there was no sentiment whatever

for the suggested amendment proposed. In my judgment that amendment would have passed if the nominating committee had not advised the house of delegates that hospital administrators would be represented on the hospital service plan commission.

Please do not misunderstand this objection as I personally am very much pleased that the nominating committee took the action it did; further, I am of the opinion that the inclusion of hospital administrators on the commission by election or appointment is preferable to the amendment but I do object to the inference that the amendment did not carry some weight and recognition that hospitals should be represented on the commission by administrators.

Guy J. Clark
Executive Secretary
Cleveland Hospital Council

"The Banquet Speaker"

Sirs:

Just received the November issue of *The Modern Hospital* and have read the editorial entitled "The Banquet Speaker."

My comment is "Amen."

A. C. Seawell
Superintendent
City-County Hospital
Fort Worth, Tex.

KNOW THE FACTS . . .

about Orange and Grapefruit Juices
reproduced from **SUNFILLED**

pure, true-to-fruit
Concentrated Juices

RICH IN VITAMIN C



The value of citrus fruit juices as a natural source of ascorbic acid is well established. It is important, however, that emphasis be placed on the fact that citrus fruits present wide variations in vitamin C content as a direct result of local conditions which govern the growing, picking and marketing procedure with respect to each specific crop.

The ascorbic acid content of Sunfilled Orange and Grapefruit Juices in reproduced form is relatively stable and constantly approximates that of average freshly expressed juices . . . of significance in dietary management where dependence is placed upon the daily intake to insure adequacy.

Reduce your per-gallon juice cost to: Orange 68c, Grapefruit 47½c . . . a substantial economy.

Complimentary trial quantities
to institutions on request.

CITRUS CONCENTRATES, INC.
DUNEDIN, FLORIDA

Clearly BETTER COFFEE



HERE'S WHY!

Silex spring tension cloth covered filter locks out muddiness—lets thru only clear, full-flavored coffee. Silex makes more cups per pound of coffee—Brews only the amount you need—AS YOU NEED IT! Silex saves fuel, too, because it's faster.

Illustrated is the Royal Electric Model with stainless steel range body and Pyrex brand glass. Each element is combination high-low heat, for both brewing and warming. Gas and electric models to fit every need. Write for catalog and prices TODAY!

THERE'S ONLY ONE

Genuine SILEX

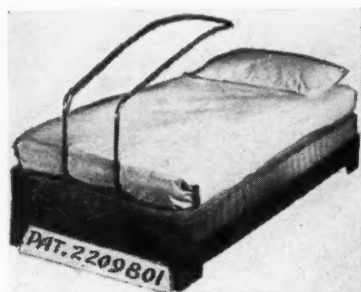
THE SILEX CO. DEPT. MH-12 HARTFORD, CONN.

What's New for Hospitals

DECEMBER 1941 SUPPLEMENT TO THE MODERN HOSPITAL AND THE HOSPITAL YEARBOOK

Valverde Tubular Bed Cradle

The Valverde Tubular Bed Cradle is a light weight, tubular steel framework in two parts joined with sockets. The lower part slides under the foot of the mat-



tress and is so proportioned that it provides a rigid support.

As the Cradle is open at the sides, it is possible for the patient to leave the bed unassisted. Though light in weight, the construction is too rigid to become distorted by careless handling. The chrome plating is durable and, it is claimed, retains its original appearance for several years.

The Cradle can be obtained with a vasculator thermally controlled heating unit which provides a constant temperature air bath for the treatment of peripheral vascular diseases, postoperative shock and similar conditions. (Key No. 537)

R. Valverde Laboratories, Dept. MH,
252 Lafayette St., New York, N. Y.

Low Priced Victory Model Silex

The Victory Model Silex, a new style in glass coffee makers, was designed specifically to effect a substantial saving in metals. Both bowls are figured in an old Sandwich glass pattern and made of Pyrex brand glass. The result is a new heat-resistant ruggedness as well as a distinctive design.

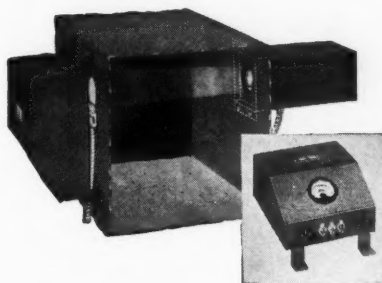
The new coffee maker has the time-tested Silex spring tension filter which is said to lock out all taste-spoiling particles, all grounds and sediment and to leave the coffee clear and rich flavored. A new semiwide neck facilitates easy cleaning and easy pouring. Complete protection against heat breakage of the lower bowl is afforded by the Silex guarantee. (Key No. 556)

Silex Co., Dept. MH, Hartford, Conn.

THIS supplement presents information on significant hospital products for the use of administrators, department heads and medical personnel. Only items of definite application in hospitals are described

THE MODERN HOSPITAL
PUBLISHING CO., INC.
919 North Michigan, Chicago, Ill.

Electric-Eye Smoke Control Robots



The Rehtron Photoelectric Smoke Indication and Combustion Control Robots are said to eliminate the smoke nuisance and to save fuel. The units are easily installed and adjusted and are applicable to any type and size of coal burner, either stoker or hand-fired, and to oil burning equipment. The operating cost of the units is negligible. The use of the Robots is said to permit the use of a cheaper grade of fuel.

Two models are available. Model SC-301 has an illuminated density meter that continuously indicates smoke density in breeching or stack and provides an immediate bell or light signal, or both, when the smoke exceeds the maximum allowable density. It includes robot and light projector. Model SC-302 incorporates all the features of SC-301 and in addition provides full automatic control for magnetic solenoid valve or blower motor supplying steam or air to over-fire jets. The Robots operate on 115 volt A.C. or D.C. (Key No. 553)

Rehtron Corp., Dept. MH, 2159 Magnolia Ave., Chicago, Ill.

Glove Powdering Cabinet

In using the Tomac Glove Powdering Cabinet, the operator sits in front of the cabinet with her arms through the two dust-tight sleeves. She can powder the



gloves, turn them inside out and place them in glove envelopes with powder bags without removing her arms from the sleeves. A 40 watt bulb inside the cabinet provides ample illumination and the work can be observed through a window 24" wide and 12" high. Two concealed latex breather bags eliminate pressure buildup and allow the powder to settle quickly.

The use of the cabinet is reported to save time, space and talcum powder. It eliminates the necessity of cleaning up furniture, floors and operator's clothing after powdering.

The cabinet is finished in green enamel, is 24" wide, 36" long and 27 3/4" high. (Key No. 529)

American Hospital Supply Corp., Dept. MH, Merchandise Mart, Chicago, Ill.

Repair Screen Holes With a Hammer

The Jiffy Patch provides a quick and simple way to repair small holes and worn parts in window screens and screen doors. The patch is made of real screen wire to which special lead rivets are attached. To repair a screen, it is removed and placed flat on a hard surface. A patch, slightly larger than the hole is placed with the rivet side down so that the mesh matches the mesh of the screen. A light tap of the hammer on the rivets spreads them into the mesh of the screen and makes a permanent repair said to be almost invisible. The patches are inexpensive. (Key No. 543)

A. B. Carlson Co. of Aurora, Dept. MH, Aurora, Ill.

Sun Lamp With Built-In Reflector

The new Westinghouse Mazda RS Sun Lamp has a built-in reflector. The self-contained reflector is advantageous because of the scarcity of aluminum for



reflectors of the usual type and because the metallic film used as the reflecting surface is coated on the inside of the bulb where it is protected from corrosion and dust so that the lamp maintains a high output throughout its life.

The sun lamp operates directly from an ordinary lighting circuit without an auxiliary transformer or ballast. The auxiliary ballast is replaced by a filament resistance mounted inside the glass bulb and a starting electrode in the inner quartz tube. The starting electrode is in series with the filament resistance. A thermal switch mounted next to the resistance filament allows the starting electrode in the quartz tube to heat. As soon as the filament and starting electrode are heated, the thermal switch opens and the mercury arc starts.

Use of the built-in resistance filament makes it possible for the lamp to produce infrared radiation as well as ultraviolet to approximate the quality of sunlight. Consuming 275 watts, it operates A.C. circuits at voltages of from 110 to 125. (Key No. 487)

Westinghouse Electric & Mfg. Co., Dept. MH, Bloomfield, N. J.

Say-When Ink Dispenser

The Say-When Ink Dispenser is compact, convenient and easy to use. A touch of the fingertip and Say-When fills any size inkwell or bottle without drip or waste. This modern ink dispenser was designed to eliminate evaporation, drip and waste. It is adjustable to fit pint or quart ink bottles and keeps the contents tightly sealed until fully used. (Key No. 477)

Squires Inkwell Co., Dept. MH, First Ave. & Ross St., Pittsburgh, Pa.

Torpin Aspiring Retractor

The Torpin Aspiring Retractor is used in cesarean operations. The combined bladder retractor and amniotic fluid aspirator is attached to a suction pump by rubber tubing. The instrument retracts the bladder and when an incision in the lower uterine segment is made automatically sucks up the amniotic fluid and spilled blood to clear the field of operation. The chrome-plated retractor is made of metal tubing with perforations at the end of the blade. The blade measures $2\frac{3}{8}$ inches by $3\frac{1}{4}$ inches and is $8\frac{1}{2}$ inches long. (Key No. 508)

Penn Surgical Mfg. Co., Inc., Dept. MH, 1407 N. 8th St., Philadelphia, Pa.

Prophylactic Treatment Receptacle



Crane Prophylactic Treatment Receptacle

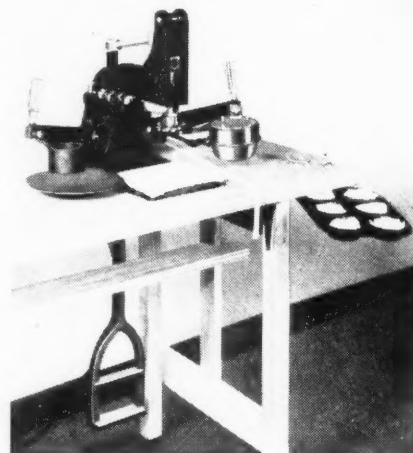
The new Crane Prophylactic Treatment Receptacle, made of easily cleanable vitreous china, has a concealed flushing rim completely surrounding the extended lip of the basin. This ensures a clean, sanitary surface after each treatment.

Tepid water, directed to the convenient yoke spout, is controllable by a wall-mounted, foot-actuated, single pedal mixing valve, thus eliminating the necessity of touching a supply fitting with the hand. Even the flush valve may be of the foot operated type as illustrated, if desired. The arrangement shown facilitates cleaning the floor as no fixtures or controls are in the way. (Key No. 507)

Crane Co., Dept. MH, 836 S. Michigan Ave., Chicago, Ill.

Mend-Master for Fabric Repairs

The Mend-Master Machine makes thermoplastic repairs on shirts, dresses, linens and all launderable fabrics. Tears, rips, burns and holes are said to be



practically invisible when repaired by this method. To make repairs, the damaged area is removed, an insert piece of matching material is cut and the new piece is welded into place in a few seconds by means of the thermoplastic tab. The Mend-Master Machine applies the correct heat and pressure to assure mends that are reported to stand up under all laundry processing for repeated washings. (Key No. 518)

Mendex Corp., Dept. MH, 2300 Payne Ave., Cleveland, Ohio

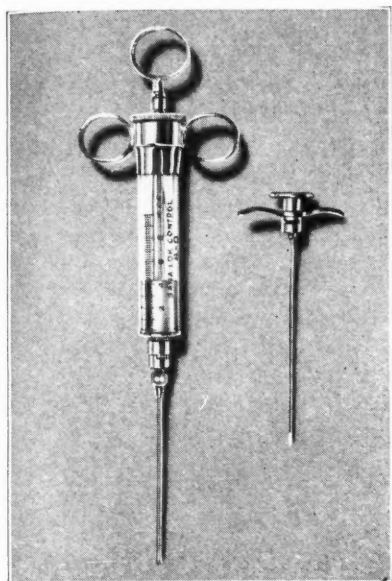
Collens Sphygmo-Oscillometer

The Collens Sphygmo-Oscillometer, a new instrument which combines a blood pressure machine and an oscillometer in one unit, is an important diagnostic aid in peripheral vascular diseases. The oscillometer offers a method for obtaining an accurate status of the nature and degree of arterial flow through a limb. The principle is based upon the operation of a plethysmograph. The apparatus has incorporated in it a very sensitive aneroid capsule and is capable of deflecting the needle attached to the aneroid with the slightest change in the volume of the extremity of the level being studied.

The readings in the oscillometer do not offer any information regarding the actual diseases responsible for the diminution in arterial flow. They do, however, disclose the impairment in arterial circulation. The instrument is simple and said to be easily operated with one hand. (Key No. 555)

U. M. A. Inc., Dept. MH, 111 Greene St., New York, N. Y.

New B-D Syringe and Needle for Tissue Biopsy



Obtaining specimens of suspected tissue is said to be greatly simplified through the use of the new B-D Feder-Wrenn Biopsy Needle and B-D Biopsy Syringe.

The needle consists of an outer cannula with serrated cutting point and a solid, sharp-pointed stilet permanently attached to a sturdy handle. The outer cannula fits over the stilet and locks into the handle with a half turn. The handle provides a secure grip for control of the needle during insertion. The stilet prevents picking up unwanted tissue.

When the needle is in position the stilet is removed and the biopsy syringe attached. The serrated needle point makes it easy to cut specimen tissues, the Luer-Lok tip of the syringe permits manipulation without fear of tip breakage and suction is maintained by an automatic plunger catch on the syringe. (Key No. 522)

Becton-Dickinson & Co., Dept. MH, Rutherford, N. J.

Cleaner Conserves Aluminumware

Oakite Aviation Cleaner is said to remove food deposits, grease film or other accumulation thoroughly and quickly from aluminum kitchen utensils and clinical ware. Because of its uniform controlled action, the material is said to clean without darkening, pitting or etching aluminum surface and so prolongs the life of the articles cleaned. (Key No. 519)

Oakite Products, Inc., Dept. MH, 18 A Thames St., New York, N. Y.

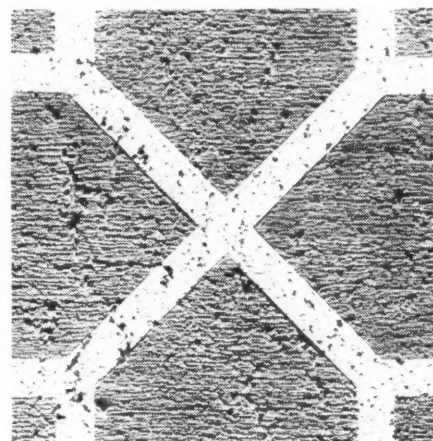
Ideal Light Bulb Changer

The Ideal Lamp Changer can be used in replacing 6 to 500 watt standard lamp bulbs from stationary or rigid sockets. The apparatus consists of an extension pole on which a rubber suction cup is mounted. The grip of the suction cup is obtained by pushing it against the bottom of the bulb and released by pulling a cord attached to the lip of the cup. The cord is recessed in a groove extending the length of the pole. The light weight poles are made in two lengths, 4 and 7 feet. By using the 8 ft. extension pole, it is possible to reach as high as 20 feet. (Key No. 530)

Ideal Commutator Dresser Co., Dept. MH, Sycamore, Ill.

Motif'd Acoustone

Acoustical treatment is combined with decoration in Motif'd Acoustone. Using a new process, attractive designs are etched upon the sound-absorbing surfaces of Acoustone. Interesting effects



are created by the difference in the surface texture of the etched and unetched areas. No painting is required although the manufacturers state that Motif'd Acoustone can be painted without reducing its high acoustical properties. The texture and soft warm colors of Motif'd Acoustone, combined with the high-lighted basic patterns available, give an effect that can be made to harmonize with any architectural scheme of a room or building.

The acoustical value of Motif'd Acoustone is reported to be high. The spline-alignment, another feature of Acoustone, produces a self-leveling surface on which all corners and edges of each unit are in exact position. (Key No. 547)

United States Gypsum Co., Dept. MH, 300 W. Adams St., Chicago, Ill.

Short-Wave Diathermy Machine Designed for Hospital Use



The new Birtcher Short-Wave Diathermy Machine, known as the Challenger Model G, was designed especially for use in hospitals. It offers many convenient features. The unit provides dual treatment outlets that permit of treatment from either side or even the back of the machine. Treatments can be given without regard to the placement of the machine in relationship to the bed or treatment couch, with the control panel left free and easy of access. Another feature is the simplified control panel. The method of application (whether pads, cable, induction treatment drum or air-spaced electrode discs) is preselected by a switch mechanism interconnected to indicating pilot lights. A single power dial controls the energy delivered to the patient in all applications. (Key No. 510)

Birtcher Corp., Dept. MH, 5087 Huntington Drive, Los Angeles, Calif.

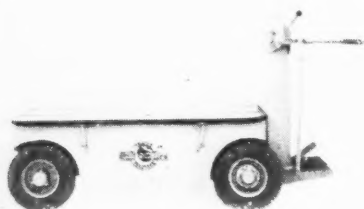
Chicken Soup Base

Howell Chicken Soup Base can be used as a flavor or as a flavor intensifier. As a soup base, $\frac{1}{2}$ to $\frac{3}{4}$ of a teaspoonful is added to a cup of boiling water. According to the manufacturer the cost is only one cent per cup. The product can also be used as a flavor fortifier for chicken soup or bouillon as well as to intensify the chicken flavor in chicken pot pies, gravies, and cream sauces. Used as an intensifier, 1 pound is added to 20 gallons of chicken soup. (Key No. 562)

Warren L. Howell Co., Dept. MH, 701 N. Western Ave., Chicago, Ill.

Quiet Truck for Interior Work

This new truck for Interior Work (Model K-39) was developed to provide interdepartmental transportation over floors not generally suitable for truck



usage. The motor, especially adapted for this model truck, is said to be practically noiseless in operation. The truck is equipped with demountable pneumatic tires, has a capacity of half a ton and is suitable for general utility work. (Key No. 528)

Crescent Truck Co., Dept. MH, Lebanon, Pa.

Plastic Mender for Aluminum

So-Luminum is a new synthetic plastic for mending aluminum, metals and metal alloys, wood, glass, porcelain and granite ware. It is guaranteed by the manufacturer to withstand the heat of boiling water and direct flame. A drop of So-Luminum is applied without heat or electricity to the hole or crack to be repaired. It is said to dry hard overnight into a fireproof, waterproof and airtight mend. The cost is said to be only one half cent per mend. Test samples are supplied upon request. (Key No. 536)

So-Lo Works, Dept. MH, 3317 Madison Road, Cincinnati, Ohio

Luckiesh-Moss Test Chart Illuminator

The Luckiesh-Moss Test Chart Illuminator was designed from specifications outlined by the advisory committee of ophthalmologists to the eye health committee of the American Student Health Association and the National Society for the Prevention of Blindness. The purpose of the illuminator is to afford a standard uniform illumination for the A.M.A. Snellen standard test chart (10 by 28 inches) so that the brightness will be 10 foot-lamberts plus or minus about 20 per cent.

The illuminator is a well-designed and inexpensive device which affords proper illumination and an illumination standard for a comparison of visual acuity records.

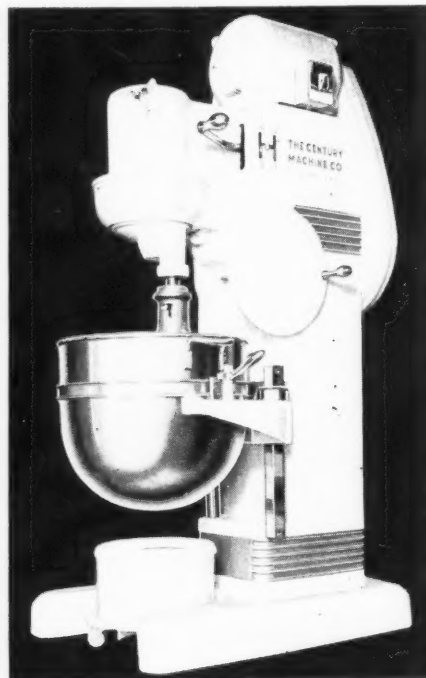
The chart is illuminated by two 40 watt inside-frost Lumiline lamps placed horizontally above and below the chart. The light from these lamps is directed

upon the chart by parabolic chromium-plated reflectors placed in shallow housings. All exposed surfaces of the illuminator are coated with a dull crystallized gray finish having a reflection factor of about 40 per cent. Each chart holder is equipped with 12 feet of electric cord and an on-and-off switch. (Key No. 538)

Welch Allyn Co., Dept. MH, Auburn, N. Y.

New Century Giant Mixer

The New Century Giant is a Vertical Mixer for bread, cake and general bake-shop work. Among the time-tested features of the Century Model K Mixer incorporated in this new machine are: silent chain drive from a fully enclosed, ventilated, splashproof motor; massive working parts easily interchanged because of their simple design; four-speed



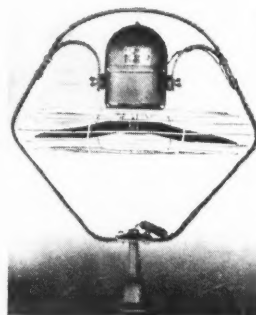
clashproof permanent mesh transmission; wide face oversized gears; phosphor bronze bearings, and a conveniently located single lever control.

In addition the new machine offers the convenience of an easy-action bowl support, operated by a hand wheel, self-locking in any position. A dolly truck facilitates the handling of bowls. The bowls are of heavy gauge steel tinned with welded handles and rings. The beaters, easily attached and removed, are locked in operating position. The precisely machined frame is new in design and finished in hard white enamel. (Key No. 552)

Century Machine Co., Dept. MH, 4434 Marburg Ave., Cincinnati, Ohio

Reco Heat Circulator

The ceiling of a heated room is usually from 20 to 30 degrees warmer than the floor. The Reco Heat Circulator, it is claimed, brings this wasted heat down



to heat the lower part of the room and thereby reduces the amount of fuel consumed.

The Heat Circulator is a super-power fan that blows the air to the ceiling, then down the walls and back again giving complete air circulation in the room and equalizing the temperature. According to the manufacturer, smoke and odors are thus dissipated and the room is supplied with a constant flow of fresh air without drafts. The Circulator is made in several sizes and types. (Key No. 539)

Reynolds Electric Co., Dept. MH, 2650 W. Congress St., Chicago, Ill.

Venturi-Flo Overhead Air Diffuser

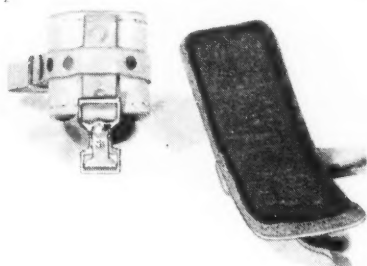
The recessed model Venturi-Flo is a spun steel overhead type air diffuser with flow characteristics similar to those of the well-known fluid-flow measuring device—the Venturimeter. The relationship between the neck area of the unit proper and the Venturi throat is so proportioned as to create a slight back pressure in the neck at all times, thereby automatically ensuring uniform distribution around the entire periphery of the unit.

In addition to the recessed model, two other types, the flush and surface, are available. A wide range of sizes permits handling air volumes up to 15,000 cfm per unit. Fittings for attaching any standard light fixtures to the outlet can be obtained for all three designs. They can also be furnished as combination supply and exhaust units and with adjustable dampers. (Key No. 509)

Barber-Colman Co., Dept. MH, 1240 Rock St., Rockford, Ill.

Rubber Cushioned Restraint Devices

Tomac Anklets and Wristlets were designed for use on operating and obstetrical tables and for patients' beds. In place



of the canvas or leather linings ordinarily used, these sturdy, solid leather restraint devices are lined with felt and cushioned with $\frac{1}{4}$ inch pads of sponge rubber. Key locks and buckles are unnecessary as the mail-bag-type buckles permit instant and secure adjustment. Each Anklelet and Wristlet is a complete unit, securely sewed and riveted all in one piece with no separate parts. (Key No. 546)

American Hospital Supply Corp., Dept. MH, Merchandise Mart, Chicago, Ill.

Time Controller

This new Time Controller automatically controls the operation of fans, refrigeration systems and other electrical apparatus. It is a simple mechanism set to close a circuit, for any period of time from one half to eleven hours, by twisting the knob on the front of the instrument until the desired time period appears in the window. When this time period has elapsed, the switch will automatically open and break the circuit to the electrical load. Should it be necessary to open the circuit, the knob is turned in the opposite direction back to zero.

The Time Controller is equipped with a snap action, single pole double-throw switch so that it can also be used to interrupt an electrical circuit and then, after a definite period of time, reclose the circuit. This makes it suitable for temporarily shutting down refrigeration systems to allow defrosting of the coils. The contact capacity is sufficient to handle electrical loads as high as 1 h.p. at 110 volts A.C. and $1\frac{1}{2}$ h.p. at 220 volts A.C. (Key No. 561)

Minneapolis-Honeywell Regulator Co., Dept. MH, 2950 Fourth Ave. S., Minneapolis, Minn.

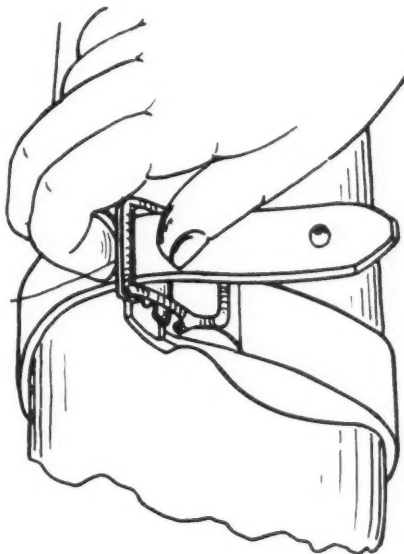
Pro-Tek, the Invisible Glove

Pro-Tek is a soft, greaseless cream for protecting the hands and arms against paint, grime, grease and other foreign substances. It forms a protective film which is reported to be harmless to the skin. It is economical, too, since one application lasts four hours or more unless the film is dissolved by water.

Pro-Tek is applied like a hand lotion before the hands are soiled, not after. It is removed by washing the hands in running water, preferably warm, washing away at the same time the paint and stains on top of the film. It leaves the hands soft and clean and makes it unnecessary to apply solvents and stain removers. The use of Pro-Tek is also suggested when handling products that might cause an irritation of the skin. (Key No. 534)

E. I. DuPont de Nemours & Co., Inc., Dept. MH, Wilmington, Del.

Universal Tourniquet



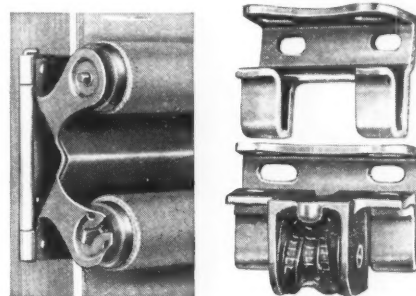
The new Universal Tourniquet can be applied, adjusted, tightened or loosened with one hand. The buckle grips the strap securely when tightened but requires only a slight pressure to release it. A heavy rubber pressure segment reduces the required pressure for effective operation and an extension of rubber under the buckle prevents the metal from coming in contact with the flesh.

The Tourniquet is made of pure gum rubber said to retain its elasticity for years. It can be sterilized without injury. The Tourniquet can also be used for holding temporary splints. An aluminum clip holds the folded tourniquet in a compact pack when not in use. (Key No. 533)

Tilton Electric Corp., Dept. MH, 138 W. 17th St., New York, N. Y.

Draper Demountable Shades

Draper Demountable Shades can be taken down instantly for window washing or for cleaning shades. This is made possible by the use of the new Draper



Pulley shown in the accompanying illustrations. The pulley, which is equipped with an extra large molded, plastic wheel, is said to be unusually easy on the cord and silent in operation. It rests firmly in its especially constructed bracket and can be removed simply by lifting it from the bracket. The pin and hinge arrangement is also obtainable on the "style V" light shield. (Key No. 517)

Luther O. Draper Shade Co., Dept. MH, Spiceland, Ind.

New Developer and Concentrated Fixer

The new DuPont Developer can be adapted to high temperature use by adding $2\frac{1}{2}$ ounces of sodium bicarbonate per gallon of diluted solution. When the formula is so altered, films can be developed at temperatures as high as 85 degrees F. as well as at normal solution temperatures. The Developer also has better resistance to aerial oxidation. This retards the deterioration of the solution while it is standing idle in the tank.

The Concentrated Fixer, it is claimed, has the advantage of clearing films quickly not only while the solution is fresh but throughout its normal life. The hardening action of this Fixer also holds up as the bath becomes exhausted. The 5 quart size is economical and convenient for hospitals having large capacity tanks. (Key No. 557)

DuPont Film Mfg. Corp., Dept. MH, 9 Rockefeller Plaza, New York, N. Y.

Pharmaceuticals

Stilbestrol (Armour)

The Armour Laboratories have included in their extensive line of endocrine products "Stilbestrol," the new synthetic estrogen. The product is available in ampule form in strengths of 0.5 mg. and 1 mg. per cc. Also in tablet form in strengths of 0.1 mg., 0.25 mg., 0.5 mg. and 1.0 mg. per tablet. (Key No. 521)

Armour Laboratories, Dept. MH, Chicago

Hexa-Betalin (Vitamin B₆ Hydrochloride)

The exact position of vitamin B₆ in relation to human nutrition is not clearly defined. The fact has been established, however, that patients who have been adequately treated with thiamin chloride (B₁), riboflavin (B₂) and nicotinic acid, and who still exhibit residual symptoms, often respond to B₆ administration. On this basis physicians are reported to be prescribing Hexa-Betalin freely. The product is available both in ampules and tablets. (Key No. 551)

Eli Lilly & Co., Dept. MH, Indianapolis, Ind.

Nikethamide

Nikethamide is the approved non-proprietary name for pyridine-beta-carboxydiethylamide. It acts principally by stimulating the respiratory center and probably the vasomotor centers in the brain stem. The strengthening of circulation which usually follows improvement in respiration has led to the use of this drug in the treatment of circulatory failure. In cardiac decompensation where the heart rhythm is normal and labored breathing and cyanosis are present, the employment of this drug may improve the respiration which in turn improves the circulation.

This product is used as a respiratory and circulatory stimulant in certain cardiac disturbances and as a restorative in the treatment of respiratory failure caused by ether, spinal anesthesia and asphyxia neonatorum; also for awakening patients from an unconscious or stuporous state produced by narcotics, hypnotics and carbon monoxide poisoning.

Administered intravenously 1 to 5 cc. is injected slowly. Orally, 15 to 45 minims (1 to 3 cc.) is given in water

as required. Nikethamide is supplied as a sterile solution in 1½ cc. ampules and 10 cc. rubber capped vials; as aqueous solution, for oral use, in bottles of 3 fluid ounces. (Key No. 535)

Upjohn Co., Dept. MH, Kalamazoo, Mich.

Mannitol Hexanitrate Squibb

Mannitol Hexanitrate, a drug little used because it has been too expensive, is now available at a reasonable cost. The development of a relatively less difficult and less expensive method of synthesis has made this possible.

This product is a vasodilator with prolonged action. It is indicated for prophylaxis of repeated anginal attacks and in high blood pressure to afford symptomatic relief. It is not curative.

The action of Mannitol Hexanitrate is similar to that of erythrityl tetranitrate, differing in that it is less rapid but more prolonged. This prolonged action is chiefly because the product is less soluble than the erythrityl compound.

Mannitol Hexanitrate is supplied in ¼ gr. and ½ gr. tablets, in bottles of 100. (Key No. 516)

E. R. Squibb & Sons, Dept. MH, 745 Fifth Ave., New York, N. Y.

Sulfadiazine

Sulfadiazine (2-sulfanilamidopyrimidine) is reported to be effective against pneumococcal infections, having been used in a large number of pneumonia cases.

According to the manufacturer, this new compound has been shown to possess the following advantages: preliminary experience suggests a low degree of toxicity; lower incidence of nausea or vomiting; high blood concentrations, early and rapidly attained by oral administration; lower ratio of acetylated sulfadiazine to free sulfadiazine in the circulating blood (acetyl-sulfadiazine is more soluble than the free sulfadiazine); blood levels decline gradually following the discontinuance of the drug, and significant concentrations occur in ascitic or pleural fluids as well as the cerebrospinal fluid.

Sulfadiazine is supplied in 0.5 gm. tablets in bottles of 50, 100 and 1000. (Key No. 550)

Sharp & Dohme, Inc., Dept. MH, Philadelphia, Pa.

RECENT CATALOGS AND BOOKLETS

- Articles based on research "To Refute Statements That the Use of Whole Bran Is Injurious" have appeared in leading medical journals. Reprints of a number of these articles can be obtained by writing Kellogg Co., Battle Creek, Mich. (Key No. 524)

- Numerous new items are presented in the 72 page catalog on "X-Ray Equipment, Accessories and Supplies" distributed by Standard X-Ray Co., 1932 N. Burling St., Chicago, Ill. The complete line is described and attractively illustrated. (Key No. 542)

- A "New Way to Shut the Door on Hospital Noise" is the title of a 4 page folder from Hardwood Products Corp., Neenah, Wis. It points out that doors are usually the weak link in noise control and describes the insulation provided in the Riverbank door. A new technic in x-ray protective doors is also presented. (Key No. 511)

- "The Conqueror Digest," a time saving reading guide to professional periodicals is published by S. Blickman, Inc., Weehawken, N. J. The Digest directs the attention of hospital executives to interesting articles in current periodicals and presents Conqueror line products. An interesting item in this first issue is the foot-controlled King Canopy Instrument Table. (Key No. 565)

- "Nylon Woven Ureteral Catheters, Filiforms, Bougies and Electrodes" are illustrated and described in a new catalog from American Cystoscope Makers, Inc., 1241 Lafayette Ave., Bronx, New York. Information is also given on latex catheters and drains. The Sundries section gives information on formalin vapor generators, formaldehyde sterilizers, throat, ear and sinus applicators and helmets. (Key No. 563)

- "Surgical Dressings," published by Johnson & Johnson, New Brunswick, N. J., is a booklet describing the properties, uses and manufacture of all types of surgical dressing materials. It contains numerous illustrations showing graphically the steps in the production of the basic surgical dressing materials of cotton, gauze and adhesive plaster. Interesting information on the handling of dressings in the modern hospital is included in the pages on the central supply system. A copy of the booklet will be sent to superintendents, superintendents of nurses, operating room supervisors and other supervisors interested upon request. (Key No. 548)

• Twelve pages of "Wheeled Hospital Equipment" and 16 pages of "Hospital Examining Tables and Chairs" are attractively displayed in the two catalog sections recently published by S. Blickman, Inc., Weehawken, N. J. The catalogs contain complete descriptions and numerous illustrations. (Key No. 526)

• Calgon, Inc., 310 Ross St., Pittsburgh, Pa., has published an informative booklet entitled "The Five Factors in Good Dishwashing." It contains a series of articles, read and approved by outstanding health authorities, discussing the factors necessary in obtaining hygienically clean dishes, silver and glassware. (Key No. 566)

• "Just the Right Height" describes the automatic, adjustable stools made by the Kewaunee Mfg. Co., Adrian, Mich. To increase the height of either chair or stool it is only necessary to lift the seat to the desired position, stop and it locks instantly and automatically by means of a ball-bearing clutch. The manufacturer calls it "split-second, finger-tip adjustment." (Key No. 540)

• "How to Get All the Sleep You Pay for" outlines the general principles of good bedding. This instructive buying guide gives 24 pages of basic information on mattresses, springs, pillows, sheets and blankets. It contains detailed information on what to look for in mattress and spring construction. A copy can be obtained from Spring-Air Co., Holland, Mich. (Key No. 541)

• A new bulletin on "Thermaduke, The New Gas Heated Food Warmer," reports that this warmer is the only gas-fired food warmer on the market that will keep each food at the temperature best suited for it. The sections operate separately, as needed, and high efficiency insulation holds the heat around the foods. The bulletin, showing several models of food warmers, can be procured by writing to Duke Mfg. Co., St. Louis, Mo. (Key No. 465)

• Kol-Master Corp., Oregon, Ill., is distributing a catalog of "Kol-Master Automatic, Underfeed Stokers." Economically burning every grade of bituminous coal, this stoker is reported to save up to 50 per cent over hand-firing. According to the manufacturer, the Kol-Master is entirely different, in principle of operation, from any other type of stoker and is a complete system of automatic, coal-burning designed to provide the utmost in convenience, efficiency, cleanliness, even temperature and economy of operation. (Key No. 559)

(Continued on page 152)

TO HELP YOU get information quickly on new products we have provided the convenient form below. Just check the items of interest to you, fold as indicated and mail—
No Postage Required.

Send Me further information on the following items I have checked.

- | | |
|--|--|
| <input type="checkbox"/> 465 "Thermaduke, the New Gas Heated Food Warmer" | <input type="checkbox"/> 538 Luckiesh-Moss Test Chart Illuminator |
| <input type="checkbox"/> 477 Say-When Ink Dispenser | <input type="checkbox"/> 539 Reco Heat Circulator |
| <input type="checkbox"/> 487 Sun Lamp With Built-in Reflector | <input type="checkbox"/> 540 "Just the Right Height" Automatic Adjustable Stools and Chairs |
| <input type="checkbox"/> 507 Prophylactic Treatment Receptacle | <input type="checkbox"/> 541 "How to Get All the Sleep You Pay For" |
| <input type="checkbox"/> 508 Torpin Aspirating Retractor | <input type="checkbox"/> 542 "X-Ray Equipment, Accessories and Supplies" |
| <input type="checkbox"/> 509 Venturi-Flo Overhead Air Diffuser | <input type="checkbox"/> 543 Repair Screen Holes With a Hammer |
| <input type="checkbox"/> 510 Short-Wave Diathermy Machine Designed for Hospital Use | <input type="checkbox"/> 544 "Best Results for Crisp Golden Brown Tasty Fried Foods" |
| <input type="checkbox"/> 511 "New Way to Shut the Door on Hospital Noise" | <input type="checkbox"/> 545 "The New Importance of Oleomargarine in the American Diet" |
| <input type="checkbox"/> 512 "Don't Play With Fire" | <input type="checkbox"/> 546 Rubber Cushioned Restraint Devices |
| <input type="checkbox"/> 513 "Adams Centrifuges" | <input type="checkbox"/> 547 Motif'd Acoustone |
| <input type="checkbox"/> 516 Mannitol Hexanitrate, Squibb | <input type="checkbox"/> 548 "Surgical Dressings" |
| <input type="checkbox"/> 517 Draper Demountable Shades | <input type="checkbox"/> 549 "Toast-Ways to Profit" |
| <input type="checkbox"/> 518 Mend-Master for Fabric Repairs | <input type="checkbox"/> 550 Sulfadiazine |
| <input type="checkbox"/> 519 Cleaner Conserves Aluminum Ware | <input type="checkbox"/> 551 Hexa-Betalin |
| <input type="checkbox"/> 520 "Hubbert Seamless Steam Kettles" | <input type="checkbox"/> 552 New Century Giant Mixer |
| <input type="checkbox"/> 521 Stilbestrol (Armour) | <input type="checkbox"/> 553 Electric-Eye Smoke Control Robots |
| <input type="checkbox"/> 522 New B-D Syringe and Needle for Tissue Biopsy | <input type="checkbox"/> 555 Collens Sphygmo-Oscillometer |
| <input type="checkbox"/> 524 Reprints "To Refute Statements That the Use of Whole Bran is Injurious" | <input type="checkbox"/> 556 Low Priced Victory Model Silex |
| <input type="checkbox"/> 526 "Wheeled Hospital Equipment" and "Hospital Examining Tables and Chairs" | <input type="checkbox"/> 557 New Developer and Concentrated Fixer |
| <input type="checkbox"/> 527 "Guth Presents Arctic Daylight" | <input type="checkbox"/> 558 "When Laundering Becomes a Science" |
| <input type="checkbox"/> 528 Quiet Truck for Interior Work | <input type="checkbox"/> 559 "Kol-Master Automatic, Underfeed Stokers" |
| <input type="checkbox"/> 529 Glove Powdering Cabinet | <input type="checkbox"/> 560 "Banish Odors with Dorex Unit Odor Adsorbers" |
| <input type="checkbox"/> 530 Ideal Light Bulb Changer | <input type="checkbox"/> 561 Time Controller |
| <input type="checkbox"/> 533 Universal Tourniquet | <input type="checkbox"/> 562 Chicken Soup Base |
| <input type="checkbox"/> 534 Pro-Tek, the Invisible Glove | <input type="checkbox"/> 563 "Nylon Woven Ureteral Catheters, Filiforms, Bougies and Electrodes" |
| <input type="checkbox"/> 535 Nikethamide | <input type="checkbox"/> 565 "The Conqueror Digest" |
| <input type="checkbox"/> 536 Plastic Mender for Aluminum | <input type="checkbox"/> 566 "Five Factors in Good Dishwashing" |
| <input type="checkbox"/> 537 Valverde Tubular Bed Cradle | |

I would also like to have information on the following products

NAME	TITLE
HOSPITAL	
STREET	
CITY	STATE

• **"Banish Odors With Dorex Unit Odor Adsorbers"** is the title of a pamphlet displaying various types of Adsorbers and outlining the special purpose of each type. Portable Adsorbers for use in hospitals are reported to eliminate all objectionable odors without causing drafts or changes in room temperatures. The units are delivered ready to plug into an electric light socket and require no more attention than a fan. A copy of the pamphlet can be had by writing Dorex Division, W. B. Connor Engineering Corp., 114 E. 32nd St., New York, N. Y. (Key No. 560)

• **"Don't Play With Fire"** outlines how electrical and flammable liquid fires are killed with Lux Carbon Dioxide fire extinguishers. The 8 page folder can be obtained from Walter Kidde & Co., Bloomfield, N. J. (Key No. 512)

• **"Toast-Ways to Profit"** offers 32 pages of appetizing toast recipes developed in the experimental kitchen of McGraw Electric Co., Toastmaster Products Div., Elgin, Ill. The numerous illustrations are in color. Toastmaster products, including the bun toaster, are described and illustrated. (Key No. 549)

• **"Guth Presents Arctic Daylight"** is the title of a new catalog presenting the fluorescent lighting equipment of Edwin F. Guth Co., 2615 Washington Ave., St. Louis, Mo. (Key No. 527)

• **"Best Results for Crisp Golden Brown Tasty Fried Foods"** can be obtained by using the Frialator, according to a folder from the manufacturer. This automatic deep-fat fryer is made by J. C. Pitman & Sons, Inc., 711 Broad St., Lynn, Mass. (Key No. 544)

• **"Adams Centrifuges, Catalog 111,"** the new 16 page catalog in two colors, is published by Clay-Adams Co., Inc., 44 E. 23rd St., New York, N. Y. It describes and illustrates the full line of centrifuges made by Clay-Adams. (Key No. 515)

• **"Hubbert Seamless Steam Kettles"** are described in recently issued illustrated folders received from B. H. Hubbert & Son, Inc., 1300 Block S. Ponca St., Baltimore, Md. Each kettle is thoroughly tested and fitted with a safety valve. Heating efficiency is assured by the inner wall which is said to prevent hot spots, afford greater heating surface and produce quick heat transfer. (Key No. 520)

• **"When Laundering Becomes a Science,"** a pamphlet on research as the basis for washroom efficiency, describes the work of the Troy Research Laboratories. The initial efforts of Troy Research have been devoted to the development of instruments and methods for the precise determination of the factors which enter into the measurement of the effectiveness of washing operations. The primary interest and function of the Laboratories are in developing new machinery and processes of laundering. The pamphlet is published by Troy Laundering Machinery Division, American Machine & Metals, Inc., East Moline, Ill. (Key No. 558)

• An 8 page pamphlet on **"The New Importance of Oleomargarine in the American Diet"** is published by the National Margarine Institute, 407 S. Dearborn St., Chicago, Ill. The Federal Drug and Food Administration recently placed into effect a standard of identity for oleomargarine, popularly known as margarine, under which it may be enriched with a minimum of 9000 units of vitamin A. Vitamin D also may be added. The pamphlet contains an educational story of modern margarine, its nutritional value, economy and uses. It also contains selected recipes in which margarine is suggested as an ingredient. (Key No. 545)

PRINTED IN U. S. A.

Postage
Will Be Paid
by
Addressee

No
Postage Stamp
Necessary
If Mailed in the
United States

BUSINESS REPLY ENVELOPE
FIRST CLASS PERMIT NO. 137. SEC. 510 P. L. & R. CHICAGO, ILL.

THE MODERN HOSPITAL PUBLISHING CO., INC.

919 NORTH MICHIGAN

CHICAGO, ILL.

PROVED GERMICIDAL EFFICIENCY AT LOW COST

For more than a century, Iodine has been continuously used by leading hospitals and medical men. Today it is still the most efficient germicide known.

Iodine is preferred by the medical profession because of its high germicidal value, its low toxicity and its exceptional penetrating power.

Encourage your staff to use "good old Iodine," the reliable germicide—low in cost—that helps keep expenses down.

FREE, a fact filled reference for your staff. Write Dept. 1-12 today—now—for your supply.

IODINE EDUCATIONAL BUREAU, Inc.
120 BROADWAY NEW YORK, N. Y.

THE INSIDE STORY OF 4 SMALL ORGANISMS



In saturated steam (Fig. A) organisms are destroyed rapidly. In mixtures of steam and air (Fig. B) thermal death times may be three or four times as great as in saturated steam. In saturated steam, Sterilometer reacts rapidly but with sufficient margin of safety. In mixtures of air and steam, the action of Sterilometer is retarded in approximately the same proportion as they increase thermal death times.

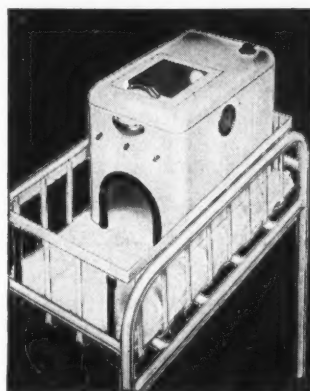
Sterilometer tells the story inside the packs. It does not react until sterilizing conditions which will destroy all pathogenic organisms have been created inside the packs.

A Sterilometer in each pack is your safeguard. If you have not used Sterilometer in your surgery, write us at once for samples and proof.

\$2.00 PER 100

STERILOMETER LABORATORIES, Inc.
318 N. Central Ave., Glendale, Calif.

Proper Care for Premature Infants Now at a New Common-Sense Cost



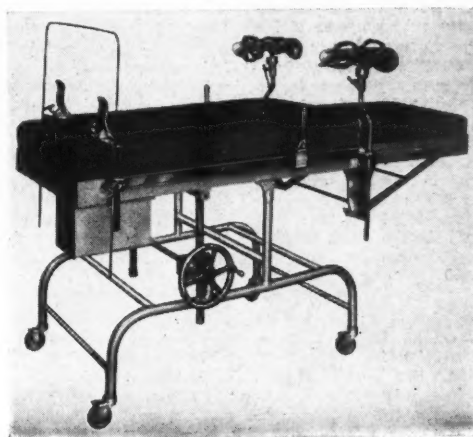
SandS Infant Incubator

Here's good news for prematures! This newly developed incubator provides heat and humidity at a cost approximately 50% below that of comparable units. It allows the use of more incubators . . . permits liberal care of prematures . . . affording adequate environmental control for 90% of the hospital's cases. Weighs but 9½ pounds; fits into the bassinet. Prove its aid by a trial installation!

PRICE—Less oxygen hood \$42.50. With hood \$47.50



SHARP & SMITH, HOSPITAL DIVISION
A. S. ALOE COMPANY
1831 Olive Street St. Louis, Mo.



Why You'll Like The Fosco Table

This obstetrical table combines flexibility with efficient design and sturdy construction. During actual delivery the foot section can be lowered and slid underneath the main section by merely turning handles on the sides of foot section. At full length or telescoped the Fosco Table can be tilted to any angle of Trendelenburg. The price is right. Full details on pages 57-58 of our New 50th Anniversary Catalog. Write for your copy today. It's FREE.

F. O. SCHOEDINGER
COLUMBUS OHIO

Your Future May Lie Right Here !

Through experience rather than ego, we dare address you with such conviction . . . Our records reveal a multitude of cases where employees have arrived at their goal years sooner than they thought possible . . . and because of a minimum of personnel problems, many an employer has found the necessary time to devote to the more major problems of his institution. Everyone here is cognizant of the confidence and responsibility the professional has entrusted to us . . . and believe me, we shall do everything to maintain this—our most valuable asset!

Ann Ridley Woodward

ADMINISTRATION: (A) Superintendent; nurse, for 50-bed southern hospital; salary open, will be worth while. (B) Assistant Superintendent; nurses with supervising or administrative experience, preferably about 30; progressive, growing Michigan hospital; salary open. MH No. 58

ANESTHESIA: (A) Opening in eastern children's hospital with excellent professional rating; \$125, maintenance, possibly more if well qualified. (B) Interesting location, large middlewestern city; 250-bed hospital; \$115, maintenance. (C) 35-bed southwestern hospital with active surgical department; \$115, complete maintenance. (D) Large southern hospital, well-located in large city; \$110, maintenance starting salary. (E) Anesthetist-Laboratorian; office of two Texas surgeons; interesting opportunity; salary open. MH No. 59

DIRECTRESS OF NURSES: (A) College graduate with experience for well-rated Illinois hospital; \$150, maintenance starting salary. (B) Ohio 65-bed hospital with all graduate staff; salary open. (C) Excellent hospital with no training school in Chicago area seeks Directress with good personality, executive ability, experience; \$150, maintenance. (D) Protestant, with good educational background, for rapidly growing hospital near St. Louis; salary open. MH No. 60

FOOD SERVICE: (A) Unusually interesting opportunity in island possession hospital offers \$120, full maintenance; liberal vacation after year's service. (B) Southeastern hospital with new central diet kitchen offers \$90, full maintenance. (C) Assistant Dietitian; charge therapeutic diets, progressive Iowa hospital; \$85, maintenance. (D) Assistant Dietitian; plan therapeutic diets, supervise service to staff, employees, large, attractively located southern tuberculosis sanatorium; \$100 monthly. (E) Dietitian; interesting location in Pacific Northwest; 300-bed hospital seeking registered Dietitian; salary open. (F) Head Dietitian; large Texas hospital; salary dependent qualifications. MH No. 61

GENERAL NURSING: (A) New York hospital, picturesque location on Hudson, yet within easy travelling distance metropolitan New York, offers \$80, maintenance for day duty; \$85, maintenance for night

duty; all graduate staff. (B) Nurse for contagious unit soon to be housed in new building; middlewestern hospital offers \$90, full maintenance, plus yearly increase. (C) Nurse, single, preferably 30 to 35; interesting opening in South American hospital; \$200 monthly; practical obstetrical experience, working knowledge Spanish valuable; two year contract. (D) General Duty Nurse; opening in small Ohio hospital, fairly close to Cleveland; \$80, full maintenance. MH No. 62

INSTRUCTORS: (A) Nursing Arts Instructor; preferably with B.S. degree; pleasant New England hospital offers \$125, maintenance to start. (B) Science Instructor; opening in pleasant southern hospital; salary dependent qualifications. (C) Science Instructor; 200-bed southern hospital offering attractive living, working conditions; \$125 monthly. (D) Nursing Instructor, to assign, discipline and supervise student personnel; large psychiatric hospital; unusually interesting location; \$2,000 yearly. MH No. 63

MEDICAL SECRETARIES: (A) R.N.-typist or Medical Secretary; assist well-established Illinois EEN&T specialist in writing a book; pleasant surroundings. (B) Medical Secretary, able to take neurological dictation, with experience in medical literature; excellent opportunity with western specialist; \$125 starting salary. (C) Medical Secretary to director of tumor clinic; interesting, diversified duties involving some travelling; \$1500 yearly. MH No. 64

OBSTETRICAL SUPERVISORS: (A) Maternity Nurses; combination hospital deliveries and home delivery service; modern equipment; \$120, meals, laundry starting salary. (B) Obstetrical Head Nurse; well-rated hospital, Chicago area, requires post graduate preparation; \$87.50, maintenance,

more if qualifications outstanding. (C) Obstetrical Supervisor; post graduate training, Protestant; 125-bed middlewestern hospital; \$110, meals, laundry. MH No. 65

OPERATING ROOM SUPERVISORS: (A) With post graduate work, ability teach operating room technique to student nurses; progressive Michigan hospital; \$115, full maintenance, early increase assured, plus opportunity advance in nursing administration. (B) For busy department in pleasant middlewestern hospital; salary open, dependent upon experience and background. (C) Surgical Nurse; well trained, experienced; 65-bed California hospital in rich agricultural community; post graduate training not essential; \$95, maintenance to start. (D) Supervisor; 85-bed Ohio hospital; \$105, maintenance; if qualified anesthesia, will pay \$125. MH No. 66

PEDIATRIC SUPERVISOR: (A) Fine opportunity in progressive southern hospital of 200 beds, well-rated professionally; \$100, full maintenance. (B) College degree required; large attractively located county hospital; \$160, no maintenance. MH No. 67

PHYSIOTHERAPIST: Attractive appointment available, southwestern clinic hospital; eight hour duty; \$140 monthly, one meal daily. MH No. 68

PUBLIC HEALTH: (A) Medical Social Worker, with Masters Degree, not over 35; association large southern hospital; \$150 monthly. (B) Medical Social Worker; 200-bed southern hospital; Southerner preferred; \$150, monthly. (C) District Nurse; to do first aid, recommend hospitalization among three or four Canadian settlements in twenty mile area; \$1080 yearly, travelling expenses. MH No. 69

RECORD LIBRARIAN: (A) Registered, with some stenographic ability; 100-bed New York hospital; salary open. (B) Record Clerk; acquainted with standard nomenclature; pleasant 125-bed eastern hospital; \$125 monthly. (C) Growing southern hospital offers \$110, meals or \$90, complete maintenance. MH No. 70

SUPERVISORS: (A) Medical Supervisor; special preparation in Nursing Education a requirement; well-rated Texas hospital; salary open, minimum \$85, complete maintenance. (B) Surgical Supervisor; large county general hospital, location offering many advantages; \$160 monthly; (C) Head Nurse; experienced operating room, delivery room procedures; small middlewestern clinic hospital, all modern equipment, good living conditions. MH No. 71

TECHNICIANS: (A) Nurse-Laboratorian; interesting opening large industrial defense plant, central location; salary dependent qualifications. (B) Laboratory-X-Ray; institution devoted to treatment of physically handicapped but mentally competent children; salary open; East. (C) Chief Technician; thoroughly experienced in Laboratory, preferably some knowledge X-Ray, though not essential; excellent hospital, near Chicago; \$125, maintenance. (D) X-Ray Technician; opening in middlewestern private laboratory under Radiologist; salary dependent qualifications. (E) Junior Bacteriologist; Master's degree, two years' experience required; \$150, maintenance. (F) Laboratory Technician, able relieve X-Ray; attractively located California hospital; salary open. (G) Laboratory Technician, registered, qualified serology, bacteriology, all clinical laboratory procedures; \$1800 yearly. East. MH No. 72

Arnoe's Woodward
SERVING
SINCE 1896

MEDICAL PERSONNEL BUREAU . . . ANN RIDLEY WOODWARD, Director
30 NORTH MICHIGAN AVE., SUITE 422-A, CHICAGO

Terms: 10c a word—minimum charge of \$2.50 regardless of discounts. No charge for address or "key" number. Ten per cent discount for two or more insertions without changes of copy. Forms close 15th of month.

POSITIONS WANTED

ADMINISTRATOR—Experienced medical administrator; A.B., M.D. degrees, state university; rotating internship followed by residency in hospital administration; two years, assistant director, fairly large hospital; several years, medical superintendent, hospital of approximately 500 beds; active in association work. MH12-21, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

ADMINISTRATOR—Male, age 41, college education; CPA six years; 10 years as business manager and hospital administrator; good personality; thorough knowledge of hospital problems. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—R.N. of Maryland; all work has been of an executive nature; superintendent of a children's hospital past 15 years; fine personality, handles people well; clear thinker, a woman of culture and refinement. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—R.N.; showed unusual executive turn even as a student; post-graduate courses in training school and hospital administration; has conducted her work with dignity and efficiency; friendly and considerate; systematic and orderly; economical in management and has introduced many improvements. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—Young lay administrator; A.B. degree, state university; year's graduate course in hospital administration; year's administrative internship, university hospital; several years' successful experience as superintendent small hospital. MH12-22, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

DIRECTOR OF NURSES—A.B., midwestern college; M.A., Columbia; graduate of training school, teaching hospital; several years' successful experience as science instructor; four years, assistant director of nurses and educational director, 400-bed hospital. MH12-23, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

DIRECTOR OF NURSES—College degree, splendid nurses training, with post-graduate study at Columbia University; nine years experience as instructor and educational director; five as director of nurses; has contributed much to advancement of standards; recommended as being a credit to the profession; wants southern appointment. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

LIBRARIAN — Record; registered; capable of supervising, organizing or reorganizing record department, training and handling people; knowledge admitting, statistical reports; stenography; work well with doctors. MI 436, The Modern Hospital, 919 N. Michigan Avenue, Chicago.

MEDICAL ANESTHETIST — Medical degree from eastern schools; two-year residency in anesthesia; two-year association in department of anesthesia, large teaching hospital. MH12-20, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

PATHOLOGIST—A.B., M.D. degrees, eastern schools; two years, assistant in surgery; three-year fellowship in pathology; past several years, in charge of laboratories of fairly large hospital; diplomate American Board. MH12-18, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

PHARMACIST—Female, age 25; B.S. in pharmacy; three years experience; attractive, pleasing personality; very capable pharmacist. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

PHYSICAL THERAPIST—Male; B.S. degree; A.S. degree in physical therapy with one year's experience; experienced instructor of physical education; at present taking course in hospital administration; interested in position of assistant hospital administrator, or as physical therapist or a combination of the two offices. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

RADIOLOGIST—A.B., M.D., Harvard; several years' successful private practice; eight years in charge of department of radiology, fairly large hospital; diplomate American Board. MH12-19, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

SOCIAL WORKER—B.A., midwestern college; diploma, New York School of Social Service; eight years' experience as case worker and social worker with both public and private agencies. MH12-24, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

POSITIONS OPEN

ADMINISTRATION

ADMINISTRATORS — (a) Medical, lay or graduate nurse administrator for hospital which will not be ready for occupancy until fall of 1942; non-political, non-sectarian; will feature private rooms at nominal rates; south. (b) Assistant director fairly large hospital; young physician around 30 preferred; east. (c) Medical, lay or graduate nurse administrator for small general hospital; New England. MH12-1, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

SUPERINTENDENT — Assistant obstetrical supervisor; \$100, maintenance; Illinois. Zinser Personnel Service, 1546 Marquette Building, Chicago.

SUPERINTENDENT — Assistant superintendency or superintendency of a small hospital wanted by layman, aged 37; associated with hospitals for sixteen years; experienced in business and certificated in hospital administration; salary secondary to opportunity; best endorsements and references. MI 438, The Modern Hospital, 919 N. Michigan Avenue, Chicago.

NURSING—EXECUTIVE

ASSISTANTS—(a) Assistant superintendent of nurses; degree in nursing education required; university hospital; minimum \$135, complete maintenance; west. (b) Assistant director, school of nursing; degree, experience in working with student nurses required; one of leading hospitals in south. MH12-4, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

(Continued on page 132)

POSITIONS OPEN

NURSING—EXECUTIVE

CHIEF NURSE—Graduate nurse with minimum years' experience in tuberculosis for appointment as chief nurse in California sanatorium; \$125, complete maintenance. MH12-8, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

DIRECTOR—Educational; experience; 350-bed university hospital, southern city; adequate teaching staff; salary \$135, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

DIRECTOR OF STAFF EDUCATION—Large general hospital; degree, teaching and nursing office experience required; interesting opportunity; 400-bed hospital; minimum \$130, complete maintenance. MH12-5, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

DIRECTORS OF NURSING—(a) Experience; 75-bed Pennsylvania hospital; no school; salary depending upon qualifications. (b) 85-bed Iowa hospital, school for nurses; college graduate preferred. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

INSTRUCTOR—Nursing arts; some college work; \$110-\$125, maintenance; South Carolina. Zinser Personnel Service, 1546 Marquette Building, Chicago.

INSTRUCTOR—Science; \$125, maintenance; New Jersey. Zinser Personnel Service, 1546 Marquette Building, Chicago.

INSTRUCTOR—To teach sociology, psychology, public health, history of nursing, and act as assistant to educational director; degree and teaching or administrative experience are requisites; salary open. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

INSTRUCTORS—Science; open January. (a) 150-bed New Jersey hospital; salary \$125; educational advantages. (b) 175-bed Florida hospital. (c) 250-bed Virginia hospital; salary \$130. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

INSTRUCTORS—(a) Nursing arts, degree, mature, experienced; 250-bed southeastern hospital; \$125, maintenance. (b) Teaching supervisor for ward work, 275-bed southern hospital; \$110, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

INSTRUCTORS—(a) Splendid new 600-bed hospital, opening school in February, 1942; vacancies for both nursing arts and science instructors. (b) Nursing arts; fairly large hospital; New England. (c) Science; 500-bed hospital; \$125, complete maintenance; south. (d) Nursing arts; large general hospital; \$150, maintenance; eastern metropolis. (e) Theoretical instructor; small general hospital; Hawaiian Islands. (f) Nursing arts; teaching hospital; \$125, maintenance; east. (g) Nursing arts; preparation must have included post-graduate training or experience in obstetrics; large maternity hospital; \$1800, maintenance. (h) Educational director and science instructor; school averaging 90 students; Pennsylvania. (i) Social sciences; courses include sociology, psychology, public health and history of nursing; teaching hospital. MH12-6, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

INSTRUCTORS—Clinical, medical-surgical, and obstetrical; university hospital, western state; salary \$125, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

INSTRUCTORS—Nursing arts; college credits. (a) 175-bed Ohio hospital; salary \$125, maintenance. (b) 200-bed hospital, Maine; university affiliation; salary \$125. (c) 90-bed hospital, near Boston. (d) 225-bed Michigan hospital. (e) 300-bed New Jersey hospital. (f) 250-bed North Carolina hospital. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

INSTRUCTORS—Sciences; college credits. (a) 140-bed general hospital, central Pennsylvania; attractive situation. (b) 150-bed hospital; large midwestern city; salary \$135. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

PHYSICAL EDUCATION DIRECTOR—Young woman qualified to head health and physical education departments in public school system of western town; about 110 students enrolled; some teaching. MH12-15, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

NURSE EXECUTIVES—(a) Director of nurses; 200-bed general hospital; minimum \$200, maintenance; midwest. (b) Director of nurses, qualified to organize nursing service in 500-bed general hospital; should also be capable organizing and developing school of nursing; \$250, maintenance. (c) Superintendent of nurses; degree required; Florida. (d) Director of nurses; fairly large general hospital, short distance from Chicago. MH12-2, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

SUPERINTENDENT OF NURSES—Assistant; college degree; experience; 175-bed Connecticut hospital; no teaching; salary \$125, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERINTENDENT OF NURSES—College degree; large state institution, central states; salary \$200. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERINTENDENT OF NURSES—Large teaching hospital embracing all services except tuberculosis, mental, contagious and psychiatric; training school averages 175 students; thoroughly experienced nurse executive required; eastern metropolis. MH12-3, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

SUPERINTENDENT OF NURSES—150-bed general hospital, midwestern city; graduate nurse staff; qualified to relieve occasionally as third anesthetist; salary \$165. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

NURSING—SUPERVISION

PUBLIC HEALTH NURSE SUPERVISOR—Graduate nurse with degree in public health and minimum two years' public health experience; \$1920, mileage; west. MH12-11, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

SUPERVISOR—Large obstetrical department; 450-bed Ohio hospital; qualified to direct teaching program in the department; several assistants; 8-hour duty; privilege of living outside of residence; excellent salary. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

(Continued on page 134)



MAXIMUM BED COMFORT

A gatch bottom with hour-glass coil springs.

Always an even, soft, buoyant surface, irrespective of the angle of head and knee supports.

Positive positioning, by crank operation.

HALL FLOATING SPRING

is durable, rustproof, fits all Hall head and foot parts of its width, and sets a new high in sanitary bed construction—no dust collecting corners or ledges.

FRANK A. HALL & SONS

Offices: 118-122 Baxter St. New York City Salesrooms: 25 W. 45th St.

Member of Hospital Industries Association



...in performance is the 100 Series Finnell, it can be used to scrub and polish hospital floors at any hour—and in 'most any place—without disturbing patients. It's built throughout for quiet operation!

A slight adjustment adapts the larger sizes for small areas...like having two machines instead of one...for use in individual rooms, as well as corridors, et cetera. Low offset design...gets into the hard-to-reach places, around and beneath low-set furnishings and fixtures.

For free demonstration—on your own floors—phone nearest Finnell branch, or write Finnell System, Inc., 1412 East Street, Elkhart, Indiana.

FINNELL SYSTEM, INC.

Pioneers and Specialists in FLOOR MAINTENANCE EQUIPMENT

REFINITE WATER SOFTENER

... it Pays for Itself

Yes, it's hard to believe, but the REFINITE water softener actually pays for itself in savings of soap and soda, fuel costs and linen replacements—it completely eliminates boiler compounds.

The Hotel Stevens in Chicago saved more than \$1,000 per month by installing a REFINITE Water Softener. Those savings completely paid for the softener and installation in less than seven and one-half months.

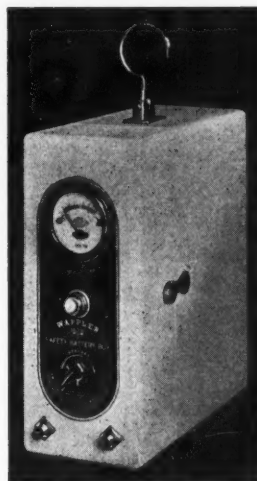
A REFINITE Water Softener saved the Presbyterian Hospital of Chicago more than \$1,800 the first six months of operation... almost half of this amount was saved on washroom supplies alone.

YOUR institution can make proportionate savings. Investigate REFINITE Water Softening equipment. Let one of our engineers make a free water analysis and recommend corrective steps. Write today for details.



THE REFINITE CORPORATION
Refinite Building Omaha, Nebraska

The Wappler Safety BATTERY BOX

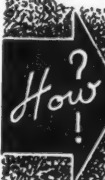


The New Wappler Safety Battery Box is an improved lighting current source which will prolong the useful life of cystoscopic lamps and will soon pay for itself in the saving and annoyance of lamp failures due to overloading. It is furthermore to be expected that speed and efficiency in cystoscopic examination can be increased by reduced lamp failures and the superior illumination which results from burning the lamps at their full safe voltage.

The voltmeter used on the New Safety Battery Box is graduated from 0 to 6 volts in 1/2 volt increments.

The safe working range for practically all types of cystoscopic lamps is shown in white. Higher voltages dangerous to the life of these lamps are appropriately marked in red.

The battery is equipped with a combination switch and rheostat for voltage control.



American Cystoscope Makers, Inc.
1241 Lafayette Ave., New York, N. Y.

Gentlemen: Please tell us how we can prolong the useful life of diagnostic lamps in our hospital.

Name _____
Address _____
City _____ State _____



POSITIONS OPEN

NURSING—SUPERVISION

SUPERVISOR—Obstetrical; for 25-bed floor, mostly private patients; duties are administrative and teaching; salary depends on ability and experience; attractive southern city. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

SUPERVISOR OF NURSES—\$125, maintenance, starting salary; Michigan. Zinser Personnel Service, 1546 Marquette Building, Chicago.

SUPERVISOR—Operating room; experience and executive ability; 425-bed general hospital, New York; adequate nursing staff; no teaching; week-ends off duty; no night calls; salary \$150, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERVISORS—(a) Communicable disease nursing; some teaching; \$160, maintenance; large municipal hospital. (b) Evening supervisor; teaching hospital; Pacific coast. (c) Night; private patient hospital; experience in operating room technique and obstetrics advantageous; \$125, maintenance; Florida. (d) Medical and surgical; small hospital; vicinity New Orleans. (e) Obstetrical; teaching experience in obstetrics required; \$125, maintenance; Hawaii. (f) Psychiatric division, fairly large general hospital; all latest treatments given; \$115, maintenance; southeast. (g) Obstetrical; service averaging 100-120 deliveries monthly; \$115, maintenance; south. (h) Pediatric department; university hospital; appointment carries rank of assistant professor of nursing. (i) Orthopedic; hospital school for orthopedic patients; graduate nurse interested orthopedics eligible. (j) Operating room; will have complete charge in operating room suite of eight rooms; staff includes assistant supervisor, twelve graduates, 8-10 non-professional workers; duties include administration and teaching; \$155-\$175, partial maintenance; Pacific Northwest. (k) Surgical teaching supervisor; large general hospital, vicinity Philadelphia; \$125, full maintenance. (l) Operating room; general hospital, Detroit area; \$140, partial maintenance. MH12-9, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

SUPERVISOR—Operating room; post-graduate work; \$115, maintenance, starting salary; Michigan. Zinser Personnel Service, 1546 Marquette Building, Chicago.

SUPERVISORS—Operating room. (a) 150-bed well equipped hospital; large Ohio city; 2 assistants; salary \$125, maintenance. (b) 110-bed hospital, school for nurses; active surgery; midwestern state. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERVISORS—Obstetrical. (a) Post-graduate; experience; 200-bed hospital, western Pennsylvania; salary \$100, maintenance. (b) 220-bed hospital, suburb of New York. (c) 150-bed Illinois hospital. (d) 350-bed outstanding hospital, Tennessee; experience required. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERVISORS—(a) Pediatrics; post-graduate; 90-bed east central hospital; \$100, maintenance. (b) Obstetrical; post-graduate; 250-bed central hospital; \$125, maintenance. (c) Medical floor; 100-bed midwestern hospital; \$80, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

SUPERVISORS—Medical-surgical. (a) Experience; 100-bed hospital, Central New York; graduate staff. (b) 175-bed eastern hospital; teaching qualifications; salary \$110. (c) 125-bed Michigan hospital, near Detroit; salary \$100, maintenance. (d) 250-bed Pennsylvania hospital; salary \$100, increase. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERVISORS—Night; experience. (a) 300-bed New Jersey hospital; ideal situation and location. (b) 85-bed Pennsylvania hospital. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

NURSING—GENERAL

CHARGE NURSE—Out-patient department, clinic, central state, supervise reorganization; salary open. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

GENERAL DUTY NURSES—(a) Tuberculosis unit, large municipal hospital; 40-hour week; \$140. (b) Medical and surgical, or obstetrical floor; 200-bed hospital; suburb, New York City. (c) Fairly large general hospital; \$125; California, MH12-10, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

GENERAL DUTY NURSES—All locations; \$65 to \$94.50, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

NURSES—Maternity; 65-bed new hospital with most modern type equipment; duties consist of hospital deliveries and a home delivery service; beginning \$120, meals, laundry. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

PEDIATRIC—250-bed hospital; southwest; post-graduate course, some college work and teaching experience required; satisfactory salary adjustment. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

SUTURE NURSES—And assistant surgical supervisors. (a) 225-bed New York hospital; graduate staff; salary \$95, maintenance. (b) 175-bed university hospital, midwest. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

ANESTHESIA

ANESTHETIST—Large hospital with active surgical and obstetrical service; several anesthetists who rotate on night duty; \$150, maintenance. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

ANESTHETIST—\$125, maintenance; east. Zinser Personnel Service, 1546 Marquette Building, Chicago.

ANESTHETIST—200-bed New York hospital, four anesthetists, has vacancy; adequate rest and recreational periods; beginning \$120, maintenance. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

ANESTHETISTS—(a) 150-bed hospital, Ohio; salary \$125, maintenance. (b) 200-bed eastern hospital; salary \$120, maintenance. (c) 185-bed Michigan hospital; no night calls. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

(Continued on page 136)

WRITE FOR COPY OF BOOKLET

"The Story of the Hollister Birth Certificate"

TELLS WHY more than two thousand hospitals and doctors are profiting by the practice of supplying birth certificates to their clientele. *Gladly sent to Hospital Executives and Doctors upon request.*

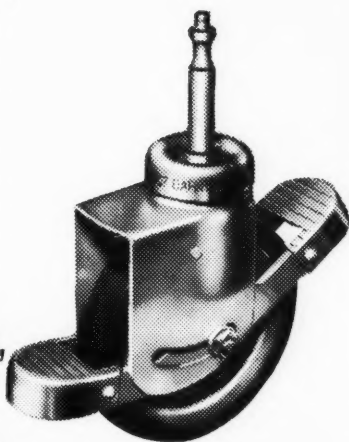
FRANKLIN C. HOLLISTER, INC.

538 West Roscoe Street, Chicago, Illinois

DARNELL CASTERS & WHEELS

Users are enthusiastic about Darnell Casters and Wheels because they enable them to economize, while at the same time to increase efficiency of employees. Darnell Double Ball Bearing Casters and E-Z Roll Wheels offer many advantages not found in ordinary types of casters and wheels.

DARNELL CORP., LTD.,
36 N. CLINTON, CHICAGO
60 WALKER ST., NEW YORK
LONG BEACH, CALIF.



A SAVING AT EVERY TURN

RUBON POLISH

CLEANS
POLISHES
PRESERVES



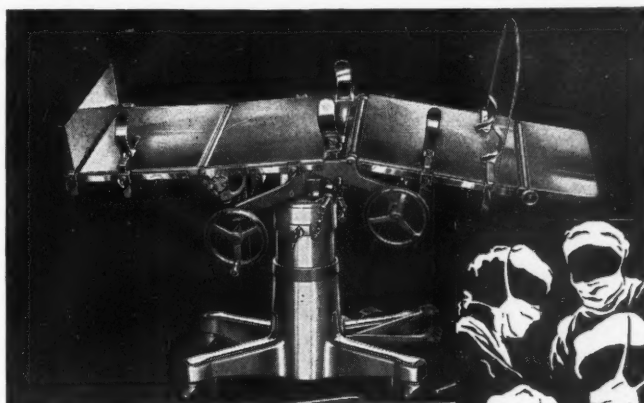
Cleans surfaces well and safely. Refreshes and preserves finishes on varnished or lacquered furniture, woodwork, metalwork. Wonderful as a treatment for dust-mops and dusters. RUBON is unconditionally guaranteed—satisfaction or your money back. Call your janitor supply dealer or write...

5-gallon can
\$8.00

For larger orders
see price list.
Sample Free.

**RUBON WOOD FINISHING
& PRODUCTS CO.**

500 W. 7th St. Kansas City, Mo.



CENTURY OPERATING TABLE

S-1511: A real major operating table obtaining all positions—easily and quickly—priced at only..

\$500⁰⁰

APPROVED

BY SURGEONS AND HOSPITALS

Shampaine Hospital Equipment has the combined advantage of efficiency and economy.

Surgeons approve the exclusive features and professional construction that assist technique. Hospital Superintendents know Shampaine means higher quality at lower cost.

The Shampaine line is a complete line—everything from footstools to operating tables—available through one source and of one standard of quality craftsmanship—The Finest.

Sold by Your Surgical or Hospital Supply Dealer. Catalog on request.

Shampaine Co. ST. LOUIS

POSITIONS OPEN

ANESTHESIA

ANESTHETISTS—(a) 200-bed eastern hospital; \$110, maintenance. (b) 75-bed north central hospital; \$110, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

ANESTHETISTS—(a) Teaching hospital; New England. (b) Small general hospital; Alaska. (c) Clinic group; should be willing to do some general assisting with examination of patients, dressings, minor wounds; popular winter resort. (d) Industrial hospital in connection with defense project; \$165; midwest. (e) To head department; 150-bed hospital; midwest. (f) Chief anesthetist; 200-bed hospital; north central city. (g) Cancer unit; should be capable typing operating reports as well as anesthesia reports. (h) Anesthetist familiar all types of gases; small general hospital; Pacific Northwest. (i) Anesthetist qualified to administer cyclopropane; 400-bed hospital; midwest. (j) General hospital; vicinity New York City; \$125, complete maintenance. MH12-7, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

FOOD SERVICE

DIETITIAN—For busy 60-bed Kentucky hospital; graduate staff; nice town; salary open. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

DIETITIAN—125-bed Virginia hospital; active membership A.D.A. necessary as teaching is required; \$125, maintenance. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

DIETITIAN—150-beds; West Virginia; wants chief dietitian at \$125, maintenance. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

DIETITIANS—(a) Administrative; degree; experience; 200-bed midwestern hospital; salary \$140. (b) Therapeutic; 165-bed eastern hospital; salary open. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

DIETITIANS—(a) Director of dietetics; should be qualified to give valuable suggestions in layout and planning of dietary department for new hospital; must be genuinely interested approved training course for student dietitians; large general hospital; \$300-\$350, complete maintenance; midwest. (b) To take over complete management of kitchen and food services, fairly large general hospital; \$175; California. MH12-17, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

DIETITIANS—(a) 240-bed north central hospital; \$125, maintenance. (b) 60-bed midwestern hospital; \$80, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

TECHNICIANS

PHARMACIST-X-RAY TECHNICIAN—(a) 110 beds, Indiana, \$100, maintenance. (b) 250 beds, Texas, wants good pharmacist; salary open. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

PHYSIOTHERAPIST—(a) To head department of physical therapy; university hospital; \$2100. (b) One of New York's leading hospitals; registered technician; capable rendering treatments in all modalities required; \$125, complete maintenance. MH12-15, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

TECHNICIANS—(a) Busy laboratory connected with 125-bed new hospital will pay \$150, maintenance for highly qualified technician. (b) 75-bed Alabama hospital needs technician good in both laboratory and x-ray; \$125, maintenance. (c) Busy 50-bed Ohio hospital offers \$100, maintenance for experienced technician; relieves in x-ray department. (d) Large Ohio hospital wants registered technician; B.S. degree and at least one year's experience required. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

TECHNICIANS—Laboratory. (a) College graduates; 350-bed Ohio hospital; salary \$125. (b) 175-bed hospital, New York state. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

TECHNICIANS—Laboratory and x-ray. (a) \$100, maintenance; Florida. (b) \$100, maintenance; central. Zinser Personnel Service, 1546 Marquette Building, Chicago.

TECHNICIANS—Laboratory-x-ray. (a) 100-bed eastern central hospital; \$100, maintenance. (b) 95-bed southern hospital; \$100, maintenance. (c) Clinic laboratory, north central, requiring record keeping; salary open. (d) Assistant; 125-bed eastern hospital; \$80, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

TECHNICIANS WANTED—(a) Nurse-technician; small general hospital; two-year contract; Alaska; \$165, room. (b) Laboratory technician; fairly large general hospital; California. (c) Assistant x-ray technician; industrial hospital; Colorado. (d) Laboratory and x-ray technician; about \$125; vicinity Chicago. MH12-14, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

MISCELLANEOUS

EXECUTIVE HOUSEKEEPER—Large general hospital having comparatively new physical plant; New York City. MH12-16, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

LIBRARIAN—Assistant record; open now in 400-bed Ohio hospital; unit system; \$24 per week. NL142, The Modern Hospital, 919 N. Michigan Avenue, Chicago.

LIBRARIAN—Medical records; \$100, maintenance; central. Zinser Personnel Service, 1546 Marquette Building, Chicago.

LIBRARIANS—Record. (a) 85-bed Florida hospital; salary open. (b) 140-bed, midwest location. \$110, board, laundry; must be good stenographer. (c) 160 beds, Louisiana; well organized department; salary open. (d) 100 beds, Iowa; Ponton nomenclature used; good salary; three weeks vacation with pay; good medical stenographer. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

LIBRARIANS—Record. (a) 150-bed Ohio hospital; salary \$120, maintenance. (b) 200-bed Pennsylvania hospital. (c) 125-bed hospital, New York State; salary \$125. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

LIBRARIANS—Record. (a) Qualified to organize department; excellent hospital; California. (b) Record librarian qualified in medical stenography; fairly large hospital; \$125, partial maintenance; Pennsylvania. (c) Small general hospital; New York City. MH12-12, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

(Continued on page 138)

FREE CATALOGS

Clinical Charts, Records Record Books and Supplies

Write for them today

YOURS FOR THE ASKING

AMERICAN COLLEGE OF SURGEONS
(STANDARD FORMS)

Catalog of 100 Miscellaneous Records

RECORDS FOR T. B. SANATORIA

CLINICAL RECORDS (Bound Book Form)

Special forms when requested

HOSPITAL STANDARD PUBLISHING COMPANY

40-42 S. PACA STREET • BALTIMORE, MD.

Write for samples : : Sent on request

VACATION IN THIS LAND OF RADIANT HEALTH AND HAPPINESS

HOT SPRINGS

NATIONAL PARK • ARK.

Visit this Government owned and supervised spa for the most glorious days of HEALTH and RE-CREATION you have ever had. All sports and activities are readily available when you stop at the Eastman Hotel—ideally situated in its own private park, at the very head of world-famous Bath House Row. It affords pleasant accommodations and all facilities, with a Government supervised bathhouse right in the hotel! At the lodge on Lake Hamilton, and an adjoining Lake Catherine, Eastman guests enjoy chicken fries, picnics and other frequent events. Spacious, comfortable rooms from \$2.00

**EASTMAN
HOTEL AND BATHS**

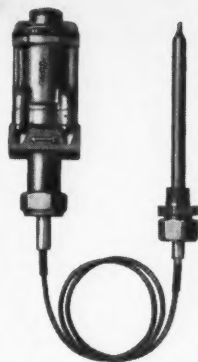
WALTER E. DAVIS, Manager

OVERNIGHT
FROM MOST CITIES

Direction: Southwest Hotels Inc.
Mrs. H. Grady Manning, President

in KANSAS CITY You Will Enjoy Beautiful HOTEL CONTINENTAL

Save Steam and Water
in Hospital Sterilizing!



STERLING STERILIZER THERMOTROL

With this Sterilizer THERMOTROL you keep Sterilizing Temperatures absolutely steady, constant—avoiding heavy boiling when the cover is closed, and preventing quick water cooling when cover is opened. Saves steam, water, and power. Attractive, compact, direct-acting, actuated by Thermostatic bulb connected to Valve by copper capillary tube. Temperature easily adjusted by a slight turn of handy screws. Easy to install, sturdy, dependable, low cost.

Write for technical details on THERMOTROL operation and its many advantages.

STERLING, Inc.

3710-L N. HOLTON ST.



MILWAUKEE, WIS.

FOR GREATER
FLOOR
SAFETY

SUN RAY

FOR RICHER
FLOOR
BEAUTY

FLOOR-MACHINE WOOLERS

FLEXIBLE, long-wearing pads—made exclusively for floor finishing and maintenance. No braiding. No tying. Use with any disc-type floor machine—for cleaning, dry-scrubbing and wax-finishing floors of all kinds.

Made of finest quality steel wool, these smooth-working Woolers cut off excess wax—harden wax film—reduce slipperiness to a minimum.

Ask your supplier—or write direct for valuable Floor Maintenance Bulletin.

THE WILLIAMS COMPANY

45 West First Street

London, Ohio

U. S. Patents: — Re. 20,002
Re. 20,919



MISCELLANEOUS

MEDICAL SOCIAL DIRECTOR—200-bed hospital, southern city; salary \$125, maintenance. Interstate Hospital and Personnel Bureau, 332 Bulkley Building, Cleveland, Ohio.

SOCIAL WORKERS—(a) Psychiatric social worker; large state hospital; should be capable taking charge of department; about \$2000. (b) Medical social worker; small municipal hospital; \$150; south. MH12-13, Medical Bureau (Burneice Larson, Director), Palmolive Building, Chicago.

PLACEMENT BUREAUS

PROFESSIONAL PLACEMENT SERVICE
takes pleasure in
announcing the opening of an office
at
2200 Prospect Avenue, Cleveland, Ohio,
specializing in placement of Hospital
Personnel.

BROWN'S MEDICAL BUREAU (agency)
7 East 42nd Street
New York City

Miss Gladys Brown wishes to announce the opening of her own office for the placement of personnel in the medical and allied fields. Many excellent openings on file.

THE MEDICAL EMPLOYMENT AGENCY
Lula M. Field, R. N., Director
790 Broad Street
Newark, New Jersey
Kinney Bldg. Telephone MA 3-4290
Hours: Daily 9-4, Sat. 9-12
Service rendered to:
*Hospitals—Doctors—Dentists—Industries
and Convalescent Homes*

**NURSES EXCHANGE
AND
PLACEMENT SERVICE**
4707 SPRINGFIELD AVENUE
PHILADELPHIA, PA.

We have desirable openings at attractive salaries for qualified Anesthetists, Science Instructors, Nursing Arts Instructors, Educational Directors, Supervisors, Suture Nurses, Physicians, Technicians, Dietitians. Let us help you secure the position you are looking for.

FOR SALE

Utensile Sterilizer \$75.00, Sterile Water Tanks on Stand with Distilled Water attachment \$160.00, Burdick Ultra Violet Lamp \$110.00, Sorenson Portable Suction Pump \$35.00, Audiometer \$70.00, other articles.

HARRY D. WELLS
304 East 59th Street, New York City

ALL BOOKS ON NURSING AND MEDICINE

We have in stock every nursing or medical book published. Lowest prices with unexcelled service. Write Chicago Medical Book Company, Congress and Honore Streets, Chicago, Illinois.

DIPLOMAS

One or a thousand. Write for circular M showing forms for nurses and internes.
AMES & ROLLINSON, 50 CHURCH ST.,
NEW YORK CITY.

FIRE ESCAPES

(Spiral or Tubular Slide Type)—More than 5,000 in use. Approved by Underwriters Laboratories.

POTTER MANUFACTURING CORP.
6110 N. California Avenue, Chicago, Ill.

SCHOOLS—SPECIAL INSTRUCTION

JUNIOR COLLEGE OF PHYSICAL THERAPY, Inc.

Twenty-third Year—1941-1942

Physicians' Course—Short intensive course for graduates in Medicine arranged at any time.

Junior College of Physical Therapy—Two-year course for high school graduates, leading to degree of Associate in Science. Graduates in nursing or physical education and two-year college students admitted to senior year.

Medical Assistant—One-year course for high school graduates. X-ray and Laboratory—Combined with physical therapy or separately.

For catalog and terms of tuition address:
Harry Eaton Stewart, M.D., President, 262
Bradley St., New Haven, Conn.

THE MARGARET HAGUE MATERNITY HOSPITAL. The largest hospital in the country specializing in obstetrics offers to registered nurses:

Four months' course: Included are didactic lectures given by the Clinical Professor of Obstetrics of Columbia University and his assistants; review of the basic sciences applied to obstetrics, anatomy and physiology, bacteriology, social sciences, dietetics, elementary materia medica, nursing arts, and mothers' briefs with clinic and field service.

Six Months' Course: In addition to the above, classes are conducted in the Principles of Teaching and Principles of Ward Management. Practice is given in lesson planning and classroom teaching. Student organizes and conducts a ward teaching program under supervision. Throughout this entire period the student is placed in the supervisory group and functions as an assistant and as a ward teacher. Then if the student wishes an additional month of practice, she may so elect.

Maintenance and stipend granted. For further information address Miss Clara M. Konrad, Director of Nurses, 88 Clifton Place, Jersey City, New Jersey.

X-RAY COURSE IN TECHNIQUE

Sydenham Hospital
Three months' course. Co-ed.
Classes start first of each month.
Theoretical—Practical Instruction, including Hospital Experience.
Certificate granted.
For Information Apply to
Dr. A. S. Unger
565 Manhattan Ave. New York City

General duty positions available—eight-hour service. Preference given to former students and those interested in refresher experience. For further information write to—

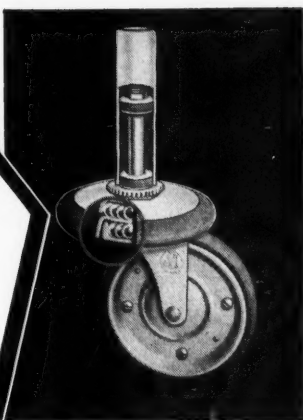
Director of Nursing
Chicago Lying-in Hospital
5841 Maryland Avenue, Chicago

HOSPITAL ACCOUNTING

Installation of systems, yearly audits, help on accounting problems by specialist in hospital accounting for many years.

ROBERT PENN, C.P.A.
Co-author of Penn-Ward System
39 S. LaSalle Street, Chicago

No need
to cut off
bed legs



With the New J & J ROLLING BUMPER WHEEL!

For: It does not increase the height of the caster—bumper is soft gray rubber—will not mark walls.

Fits on stem of Jarvis & Jarvis current rubber expander applicator super casters.

Can be purchased separately or mounted on casters as shown. Bumper wheel rolls along instead of gouging.

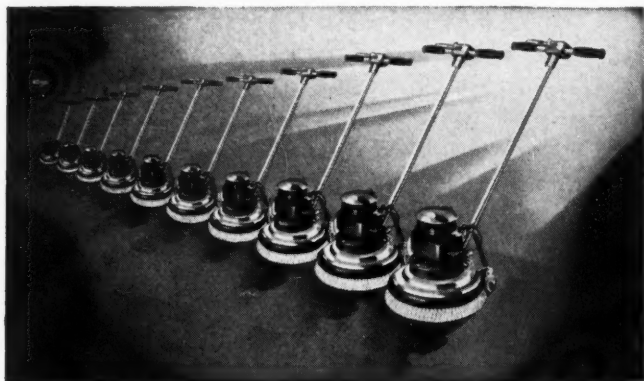
Is only 3½" above floor when used on 3" casters, and 5½" above floor when used on 5" casters, hence will roll on lowest of base boards instead of against walls.

Specify them on your next bed order.

JARVIS & JARVIS, INC.
104 Pleasant St., Palmer, Mass.



HOSPITAL TRUCKS • STRETCHERS • DRESSING CARTS • ETC.



CUT COSTS! MAINTAIN CLEANER FLOORS, RUGS AND CARPETING USING THIS INEXPENSIVE METHOD!



GET
FULL
DETAILS
ON THE
LINCOLN
RUG AND
CARPET
SCRUBBER
3 MODELS

• Bright, odorless floors and clean carpeting reflect high standards of hygiene and good management. Why tolerate half-clean results when you can do it better for much less with a Lincoln?

10 Interchangeable Discs for Every Floor Operation!

Place a recommended Lincoln in the hands of any handy man and he will scrub—steel wool—wax—polish—buff—grind or sand your floors quickly, at low cost. Special attachments available for dyeing and shampooing rugs. Our local representative will give you a free demonstration. Prompt deliveries assured.

CLEAN ANY SIZE RUG AND TACKED DOWN CARPETING RIGHT ON THE FLOOR! Anyone can do it. Clean at night—use next morning. Because rugs are not water-soaked, they require only 5 to 7 hours to dry. Average 9' x 12' rug is ½ hr. job. Restores original color and brand new appearance. Write

More Than
50 Models
in the
Lincoln Line

Liberal Terms to Those Who Purchase on Approved Credit.



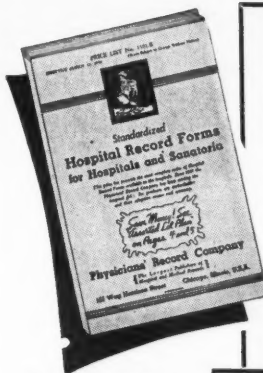
LINCOLN-SCHLUTER
FLOOR MACHINERY COMPANY, INC.
537 SOUTH PEORIA STREET • CHICAGO, ILLINOIS

World's Mfr. of the Most Complete Line of Floor Maintenance Equipment.

For Economy...

change to

STANDARDIZED FORMS



In these days of rising costs on paper and printing, you can make a decided saving for your hospital by substituting our standardized forms for your own specially printed ones.

Besides, many of our forms are approved by A.H.A. and A.C.S. Over 800 standardized forms to select from, built up over a period of serving the hospital field for more than 25 years.

Ask us about our ASSORTED LOT PLAN, which enables you to make further savings.

Free Booklet

A valuable guide in the selection of the proper forms to use. Write for a copy.

For 1942

adopt the simplified HOSPITAL ACCOUNTING SYSTEM (Penn-Ward) which conforms to A.H.A. Chart of Accounts. Send for free manual.

PHYSICIANS' RECORD CO.

[The Largest Publishers of
Hospital and Medical Records]

161 W. HARRISON ST. A 12-41

CHICAGO, ILL.

WE HAVE A
STANDARDIZED
FORM
FOR EVERY HOSPITAL
PURPOSE

ARNCO

CURTAIN
CUBICLES

- Better Appearance
- Higher Quality
- Greater Value
- Lower Cost



A. R. NELSON CO., INC.
212 East 40th Street
New York, N. Y.



A Constant Guide

National Defense may be a pressing problem for another month or for another decade. Amidst all the uncertainties, one certainty stands out—that hospital service not only must continue at its present high level, but must continue to set the pace in every movement that contributes to the health of the nation . . . Real or manipulated shortages in vital commodities may become acute. Despite priorities for hospital service there will inevitably be changes in qualities, probably increases in price. . . Hospital purchasing looms as one of the major problems of the immediate future. Hospital administrators will need constant access to sources of supply in a marked "sellers' market." Values may change over night . . . As never before each administrative staff will be forced to find its way through confusing situations. Fortunate indeed are the thousands of administrators who have

learned to use The HOSPITAL YEAR-BOOK to the utmost of its possibilities . . . to avail themselves of the vantage point it affords from which to view the whole broad panorama of sources of supply. The Twentieth Edition, now in preparation for publication in January, is being planned for maximum service in unsettled times. More than ever before it will be an invaluable guide in finding materials and equipment indispensable to hospital operation. Its editorial reference section, streamlined and condensed yet vastly broadened in scope, will be doubly useful, presenting in brief articles, charts and tables established minimum standards and successful practice in every phase of hospital operation . . . The Twentieth YEAR-BOOK will help you meet every purchasing emergency. The current (19th) Edition is right now in your office for use—with any information you now need probably at your fingertips.

The HOSPITAL YEARBOOK



ARCHITECTS BUILDING

101 PARK AVENUE
at 40th Street, New York City

A Community of Interests in the Building and Archi- tectural Fields

HERE in this 18-story building, within 500 feet of the main entrance to the Grand Central Station, will be found permanent exhibit rooms of construction materials and equipment—the offices of architects, engineers, builders and manufacturers serving hospitals—a veritable community of interests in the building field. Obviously, here is a logical center for those whose enterprises concern building and who wish to find association among other industries and manufacturers having a common purpose—to improve and develop perfection in the hospital plant. Floor plans of available showroom and office space will be mailed upon request.



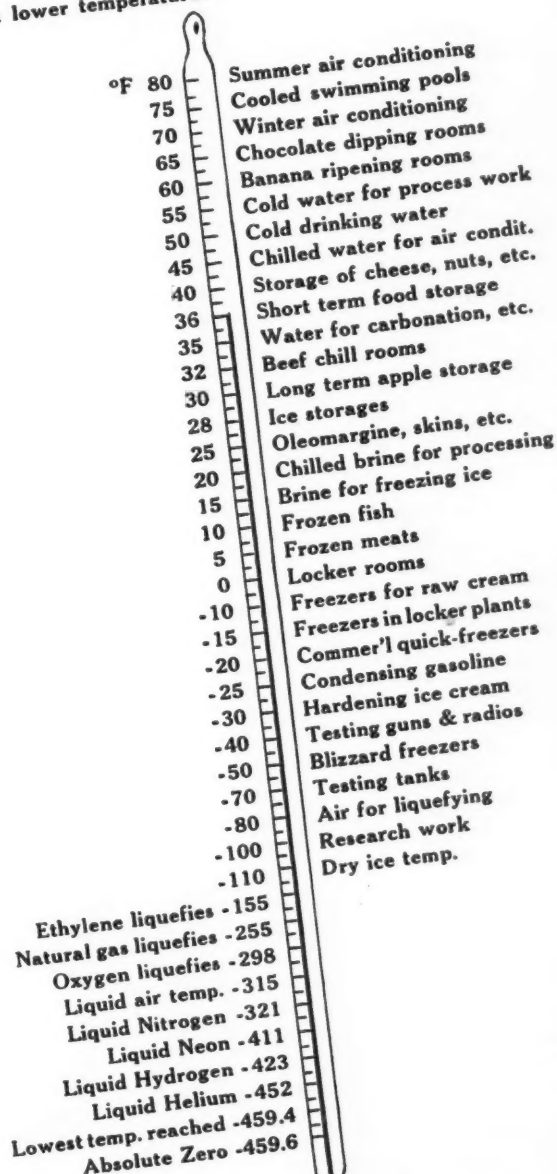
Hospital Executives, Consultants, Trustees, Architects are invited to visit the offices of The MODERN HOSPITAL in Room 1221 of 101 Park Avenue. A special conference room has been arranged for any convenience they might wish. The many exhibits and features of the building will be introduced to them if desired.

ALBERT B. ASHFORTH, INC., Agent
12 EAST 44th STREET, NEW YORK, N. Y.
Representative on premises



Is your Business carrying a fever?

Check the temperature at which your place operates with those on this chart. See what can be done with proper refrigeration. Perhaps your business should be carrying a lower temperature.



Refrigeration

Is the answer to your cooling needs.

Write Frick Co., Waynesboro, Pa.



● But what rapid strides have been made in operation and examining room equipment! Equipment of even 15 years ago is hopelessly outmoded when compared with equipment of today—Simmons Stainless Steel, for instance.

The advantages of stainless steel are unquestioned. Add then to this modern metal, Simmons design and construction; the result is operating and examining room equipment of outstanding durability and serviceability.

Modern lines, modern beauty and modern efficiency characterize Simmons Stainless Steel Equipment. It lasts longer, withstands sterilization without the necessity of polishing. Every piece is welded construction—assuring exceptional strength and rigidity. There are no bolts or screws to loosen. It is easily cleaned—stain- and rust-resistant. And there is no coating to chip, crack or wear away. Write for details on this advanced hospital equipment today.

Simmons Steel Hospital Furniture

More and more hospitals are turning to Simmons Steel Furniture for private rooms, semi-private rooms, wards and nurses' and interns' quarters. This companion line to Simmons Stainless Steel Equipment assures colorful, appealing beauty . . . longer years of service . . . lower maintenance costs.

Send for complete details today.

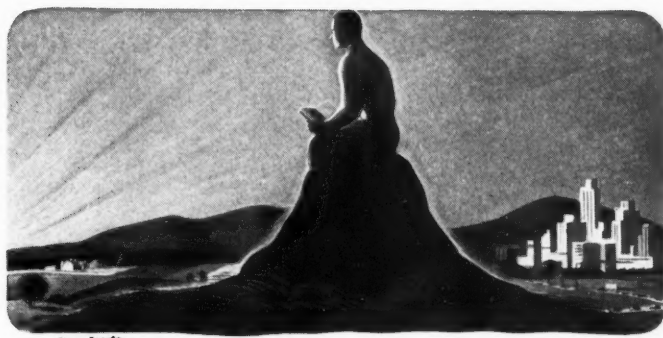
SIMMONS COMPANY, Stainless Steel Div.
383 Madison Avenue, New York, N. Y.

Display Rooms: New York • Chicago • Atlanta • San Francisco



SIMMONS STAINLESS STEEL OPERATING AND EXAMINING ROOM EQUIPMENT





A F T E R H O U R S

Something More About Oaks and Acorns

FOR CENTURIES the oak tree has been one of man's favorite symbols of integrity. Rightly so, for, hidden from the eye, its great roots reach deep into the earth, drawing sustenance from the soil and acting as a steadfast anchor against wind and storm. It is equally symbolic that the oak grows from a small seed. Often it is forgotten that that seed, derived also from an oak, was itself the fruit of a sturdy, deep rooted tree; that like inevitably reproduces like.

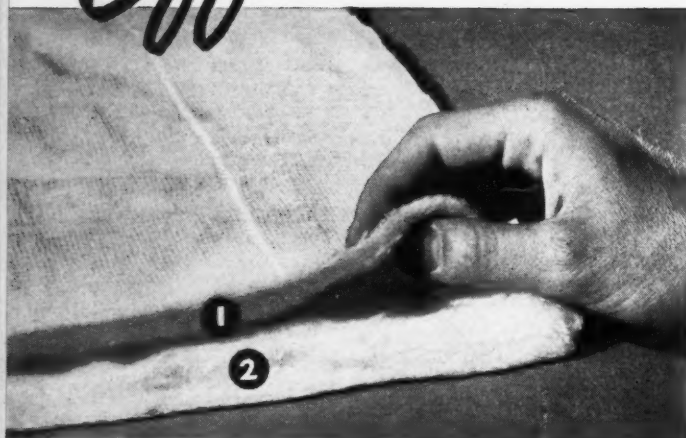
In these restless times, with their premium for speed and always more speed, we frequently overlook the basic merit of integrity, of slow growth, of inheritance from sturdy stock. The rings that mark the growth of a mighty tree are not formed quickly. They mark the slow accession of strength. Their counterpart in business is the reputation and prestige that gather with the passing years to surround the individual enterprise with a powerful armor against troubled times and the rise of flashy and dubious competition.

Forever there will be seeds falling upon the ground. Forever new enterprises, new institutions will be planted. If they are of sturdy stock, time will bring to them the ruggedness and the aging to make them great, and they will add to the wealth and dignity of the nation.

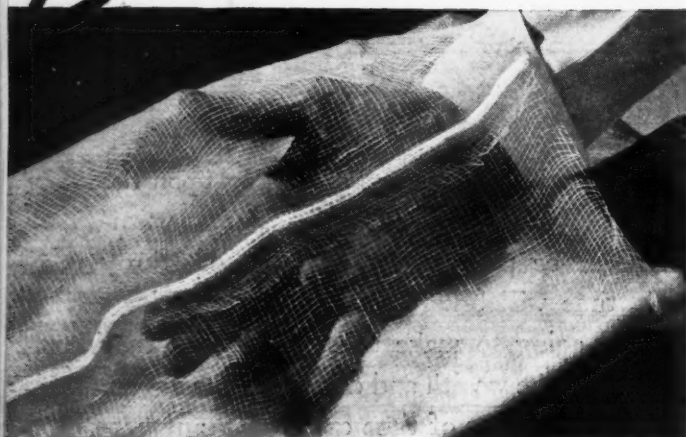
No new concept of time can alter the importance of roots. No business (and hospitals, like factories and magazines, are businesses) can serve well and long unless its seed be the seed of sturdy enterprise, unless its intellectual and emotional roots reach deep into the soil of integrity. Sound growth is almost necessarily slow. Rapid growth in a business is very likely to be like rapid growth in nature. The mushroom is one of the fastest growing of all plants. Pulled up, however, it reveals that it has no roots at all. Its structure, chemically, is almost identical with the oak, but at the end of its brief day it dries to dust and is blown away, shedding its spores to give life to other mushrooms that will, in their turn, grow to full maturity overnight and pass with another sunset.

—THE PUBLISHER

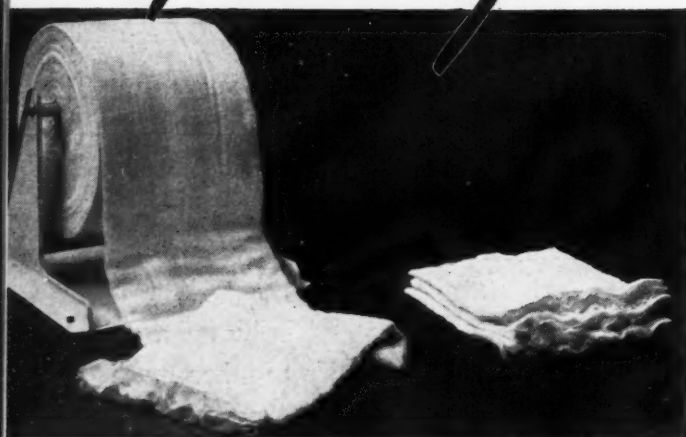
Efficient



Economical



Handy



Ready-made DRESSING COMBINES

• Drainage pads with non-absorbent cotton back help save bed clothing and linen from being soiled. Made in several cut sizes; also in rolls 8" x 20 yards. Photos at upper left show construction:

(1) Non-absorbent cotton. (2) Absorbent cotton.

Center picture at left shows how gauze covering overlap is sealed to keep filler safely enclosed. Ask your J & J representative to show you samples.

H O S P I T A L D I V I S I O N

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.



Southern Casserole—Ham and yams and fresh green peas smothered in orange juice sweetened with brown sugar. It's delicious, and it looks the part in this Hall China French Casserole. Recipe on request.

Menu Attractions

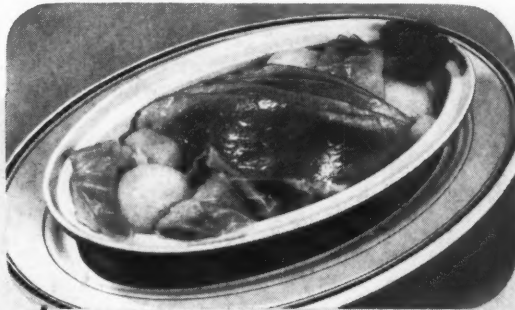
INDIVIDUAL RECIPES PREPARED AND SERVED
PERFECTLY IN HALL FIREPROOF CHINA

Hall Secret Process China is America's most popular ware in which to prepare and serve casserole menu attractions because . . . First; its thick walls diffuse oven heat so that food is cooked thoroughly and evenly . . . Second; its absorption-proof, fine-textured body retards heat loss and seals in pure, full flavor. Genuine Hall China is made by our secret, single-firing process that fuses body, glaze, and color inseparably. It cannot craze or stain and is known as the hardest china made. It resists chipping because it is exceptionally strong where strength counts . . . in rims, lips, and handles. Hall China is used for menu attractions in thousands of restaurants. See variety of shapes, sizes, and colors available in our new catalog.



Above—An unusual salmon recipe with shrimp dressing is perfect in a Hall China Round Casserole.

Below—An old favorite, corned beef and cabbage, reaches a new high in appetizing appeal in this Hall China Oval Casserole.



... GOOD RECIPES BEGIN WITH



HALL
Secret Process
FIREPROOF CHINA

THE HALL CHINA COMPANY • EAST LIVERPOOL, OHIO

World's Largest Manufacturer of Fireproof Cooking China . . . CASSEROLES • BAKING DISHES • COFFEE POTS • TEAPOTS • SERVING ITEMS • ROOM EQUIPMENT ITEMS • STEAM TABLE INSETS • STORAGE VESSELS



SAFEGUARDS

JUST as modern institutions safeguard the identity and welfare of new-born babies, so Gumpert employs every modern protection for its products.

This protection begins with Gumpert's testing laboratory or "Bureau of Standards," which safeguards the quality and purity of every ingredient. For example, in purchasing sugar, milk, cream or chocolate, each shipment is tested against actual master samples which Gumpert maintains in its laboratories—each of a known high standard. No raw material is accepted which fails to match these "master standards."

All foods requiring special processing are processed under matchless hygienic conditions . . . in stainless steel equipment and under accurate thermostatic and time control, checked by latest record-

ing instruments. After each processed "batch" is completed, a sample is then prepared in ready-to-serve form—baked, boiled, simmered or frozen—depending upon its nature.

In the testing laboratories these finished samples are again tested and tasted by experts . . . checked against existing control samples. No "batch" of any product is released for packaging or shipment until this final rigid test is passed.

This quality control from raw materials to finished product assures you of uniform perfection. Your business needs this protection of the foods you serve. To get it, always insist on Gumpert products—made to solve the special problems of bakeries, restaurants, hotels, institutions and ice cream manufacturers.



S. GUMPERT CO., Inc.
OZONE PARK NEW YORK



s com-
-serve
pend-

mples
ecked
of any
until

o fin-
ction.
foods
mpert
ns of
d ice

